

THE ALKALOIDAL CLINIC

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A Monthly Journal Devoted to Accuracy in Therapeutics, with Practical Suggestions Relating to the Clinical Application of the Same.

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ADDRESS

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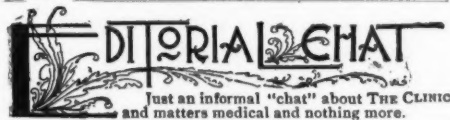
ARTICLES on subjects coming within the scope of the different departments of this journal are solicited from all our readers. For each one used, if desired, we will supply the writer with twenty-five copies containing the same, or will send **THE ALKALOIDAL CLINIC** for three months to any ten physicians whose names and addresses accompany the article. Write on one side of the paper, and every other line only; say what you mean to say and be brief and plain.

QUESTIONS of probable interest to our readers will be answered in our Queries Department. We expect these to add much of value to our pages.

OUR AIM is to make this journal a helpful and informal interchange of thought and experience between those actively engaged in the treatment of the sick.

ADDRESS AS ABOVE

Entered at the Chicago Post Office as second-class matter.



CORRECTIONS.

In September Clinic, page 588, in the Latin quotation there should be "*mitia*" and "*molles*," instead of "*mitis*" and "*mollis*."

On page 576, September CLINIC, first column, fifth line from bottom, read irritation instead of "dilatation" and you will have the thought better than it is there expressed.

Irritation of the vasomotors, either external or internal, causes a greater or less disturbance throughout the circulatory

system; the capillaries of the skin dilate and therefore the internal viscera contract, or *vice versa*, with corresponding results. A very important point.

ALKALOIDS ARE MODERN.

The following letter touches a matter of import to us.

"The Eclectics years ago, it is claimed, endeavored to utilize the active principles, King and Merrill being the movers. They claim that it almost broke up their school. They were led to believe that it was impossible to carry the full or even the partial therapeutic effect of many plants into the dry condition. King denounced them as nostrums, and Lloyd claimed that the association of the alkaloid and the resinous constituents must be unbroken to give the full effect of the drug. Lobeline in the plant is combined with lobelic acid, emetine with ipecacuanhic acid, etc. The whole plant is therefore necessary. Years ago they endeavored to do what Dosementry is now doing, but found it impossible for the reasons stated. Could a man do the greater portion of his practice with the active principles alone, without other drugs?"

At the time mentioned neither the Eclectics nor the chemists were ready for alkalometry. The physicians of that school were not sufficiently masters of pathology or of the physiologic and therapeutic action of drugs, to appreciate the active principles. The chemists did not then furnish these active principles in such uniform activity as to render them the safe and powerful agents they now are. All this applies still to the great bulk of the regular school, who are far in advance in pathology but woefully deficient in their knowledge of practical therapeutics. Witness the fact that most of the uses we are making of the alkaloids are fully described in the leading text

books, such as Brunton's, but have not been appropriated and assimilated by the profession at large. Men of the high standing of Lloyd and King are unable to dissociate from their thoughts the idea of each plant being an entity as a therapeutic agent, in spite of the fact that it has been shown that not one of them is a therapeutic element, but a compound body, of varying composition. Just so the ancient philosophers who puzzled over the proportions of earth, air, fire and water in our bodies, could not comprehend the meaning of the discovery that not one of these is an element, and vainly tried to fit the old ideas to modern chemistry.

The beginning of modern exact therapeutics is to be credited to Merck, who gave us reasonably pure agents with which to work, giving a meaning to the trials of drugs they never possessed before. Then came the physiologic experimentors, represented by Brunton and Wood, who gave us the data from which we are deducing our clinical applications of these agents. It could not have been done before, and the work to which our friend refers does not stand on the same plane as modern dosimetry.

And it seemed that this work was not altogether free from the objection of commercialism, since other houses offered the Eclectics their approximations to active principles, in the impure resinoids, such as podophyllin, macrotin, etc., while the Cincinnati chemists stuck to the liquids now known as specific tinctures, etc.

To simplify the point and bring it to a direct issue, we will admit that the single alkaloids do not represent the entire action of the plants from which they are derived. Suppose you are prescribing hyoscyamus. We ask, what do you desire or expect from your dose? To soothe your patient and put him to sleep, or to excite him and drive away the sleep? You will get one effect or the other as the hyoscine or the hyoscyamine happens to be in excess, and

you never know which you will get until you try the sample and find out by experiment. Pretty tough on the patient, if it happens to be a critical case! We simply give the alkaloid whose effect we wish, and there is an end of it. You want to tone up a patient's heart; and you give him some tincture of digitalis; but instead of toning him, the dose kills him. Of course you could not know that instead of containing the usual excess of the heart-toners that particular sample had an excess of digitonin, the depressant, but all the same it was rather hard lines on the patient. We give digitalin and *know* we are going to tone his heart and not kill him.

In this uncertainty you may see the reasons for the Eclectics, such as Lloyd, leaving the domain of active therapeutics and advising their powerful drugs in doses so small as to approximate the homœopaths' attenuations. This was inevitable when they pinned their faith on the impossible idea of the specific effect of the entire plant, ignoring the truth that the only certain and uniform effects are those of the contained active principles. When active principles have not been isolated from valuable plants we of course are compelled to employ the best other preparations accessible.

We might go through the list of plants, and show numerous examples of the same nature, but sufficient has been said to illustrate our position. We are far from seeking to detract from the credit due the Eclectics, and we have never hesitated to give them the praise they deserved, spite of the black looks of our brethren, who do not believe in seeing any good in men who do not think as they do. We really think that the preparations of these great Eclectic drug-houses are better than anything that we possessed before the alkaloids were produced by such firms as Merck.

As to the latter question of our correspondent, whether we could practise almost exclusively with the active principles,

we would answer, no. Nor do we believe it right to make the trial. The best treatment we know is the only treatment we have any right to use, and whether it is Eclectic, Homœopathic, Allopathic, Regular, Dosimetric, or any other sort of treatment, is a question entirely outside of scientific medicine.

BE MORE CAREFUL.

Something over a year ago the CLINIC established a scientific laboratory for the purpose of more exact work along therapeutic lines and to be able to render expert aid in making diagnosis of difficult cases.

It is being well patronized and we are gratified to know that we have been able to do much good.

Our facilities are good and we can aid you in many ways. If you haven't our announcement, send for it; and when you send your specimens always write your name on the outside (and better on the inside also) of the packages in which you send them.

ASK US.

Sometimes we chance upon really good things, things we need in our practice and would use—if only we knew where to get them. Most of these will be found advertised in the CLINIC, but if you want anything and cannot find it there, write to us and we will hunt it up for you. *Nota bene:* We are in business to oblige our friends, and any such little courtesies we will cheerfully extend to them.

REMOVAL OF TATTOO MARKS.

There appeared recently in the CLINIC a request for advice as to the removal of tattoo marks. We wrote to Ohmann-Dumesnil, of St. Louis, and from him received the following: "Wash the skin with soap and water, then take a bunch of cambric needles, 8 or 10, very fine, tightly tied together, and dipped in glycerole of papoid.

With this tattoo the stained skin driving the needles well into the tissues, so as to deposit the digestive in the corium where the carbon is located. Repeat if necessary. The pigment is liberated by the digestant."

WHERE THE GRANULES BELONG.

We are just now in the vortex of a commotion of no small magnitude that is being kicked up by the drug-octopus that has always (at least of late years) acted on the assumption that it has a mortgage on the medical profession; that interest and principal is past due, and that it is only charity on their part that they do not foreclose and drive us out of existence.

I have taught that the granules of the active principles naturally belong in the office and in the pocket of the practitioner, that he should dispense emergency remedies, that he should run his own business and have the fruits of his own labors. We believe it yet. More anon. What do you think about it?

SUBSTITUTION IN DRUGS.

This is a crying evil that has grown out of the commercialism and cupidity of the retail drug-shop and from which we and our patrons constantly suffer and against which, without a concerted effort, we are powerless except as individuals governing individual conditions.

I have had some ideas on this subject that I have intended to put into words but I am saved the trouble by our able friend Dr. Emmet of the *American Gynecological and Obstetrical Journal*, who in a recent issue said editorially:

"Of the many evils which confront us none, perhaps, outside those of our own making, is so immediate and great a detriment to the profession as this one. It affects us in so many ways, directly and indirectly. It affects the physician personally because, where it exists, it overrides his wishes, it upsets his calculations, it betrays his trust and commits forgery over

his name by foisting a dangerous or inferior or useless drug on the strength of his prescription. It injures him directly with his patient upon whom such substitution is effected, by destroying confidence in his judgment and the efficacy of his treatment. For it is unreasonable to expect a patient to distinguish between the merits of drugs bearing practically the same designation or to expect such patient to understand why, if such evil exist, and one so injurious in its consequences both to physician and patient, the profession so calmly submits to the imposition when it lies with itself to stop it. It is impossible that patients should realize how rusty and impotent professional public opinion has become through want of use.

"There is another side of the question presented by this substitution of drugs, which, though its immediate effect is less direct, bears no less upon the self-interest and obligation of the physician and the welfare of his patient. We refer to its effect upon the manufacturers of well-known preparations, whose merits have been tested and recognized by the profession. For several years past, in some cases for many years, a marked tendency has been shown by the reputable and best known drug manufacturers to appeal directly to professional verdict upon the merits of their preparations, to trust only to this endorsement for the sale of these and to confine this sale exclusively to the prescriptions of physicians. Moreover, in the pursuit of this policy manufacturers willingly reveal to the physician the principal ingredient or ingredients of their preparations, concealing at most the exact proportion of some one drug, flavoring extract or the like which makes a particular preparation distinctive. We doubt not that were these men guaranteed against substitution, these men would as willingly give the profession not only an absolute formula but the methods of manufacture in detail. It is because they recognize how hopeless it has hitherto been to expect action from the profession which will eradicate this abuse, that they do not now in all cases publish their formulas so that 'he who runs may read.' And in this reticence, under the present conditions, they are acting not only for their own protection, but for ours and that of our patients.

"In all this—their direct and exclusive appeal to the profession, their refusal to sell directly to the lay public, the care and expense necessarily assumed by reason of this policy—are they not working directly in our interests? By thus acknowledging the force of professional ethics and adopting them, do not these manufacturers work most potently towards the suppression of quacks and quackery in drugs? Is not this policy a safeguard and the surest pledge of reliability in manufacture and of the purity of the drugs offered us?

"It is wholly and very much to our interest, therefore, to which the spice of gratitude should not be wanting, to support the drug manufacturers in this and with united effort to put down this evil. If the will be present and concordance of action be not wanting, the feat is not a difficult one. The abuse is actually carried on by the retail druggists—the middlemen—against whom, owing to their opportunities, the manufacturers are powerless without our co-operation. It is by corrupt appeals to the retail druggist that these cuckoos of the drug trade succeed in foisting their spurious articles upon both doctors and patients.

"Owing to the saving of expense in soliciting and acquiring a well-earned reputation, as well as that of reliability of manufacture, the thievish substitutor can well afford to bribe the middlemen where the honest manufacturer will not; thus it becomes easy to the substitutor—we apologise for the paraphrase—to feather his nest with borrowed plumage.

"It is we who control or can control, and should control [that's better—Ed.], the retail druggist. If we will prescribe distinctly what we want and warn our patients to accept nothing else; if, in every case of substitution brought to our notice by our patient, we will warn the druggist of the loss of our patronage and inform the manufacturer in question of the act of substitution and of the name and address of the druggist, the evil will stop itself. This is not much trouble to take in one's own interest and it is not beyond the power of every practising physician in this country.

"As in all other reforms for the benefit of the profession, however, the action of the medical press, united in sentiment and effort, is necessary for the success of this. We respectfully suggest, therefore, to our

esteemed contemporaries the advisability of a general crusade on this subject, each journal working out the same idea in its own way and independently, urging upon its readers the necessity and the duty of each physician taking action to remedy this evil within the sphere of his personal influence.

"What we have here said upon this subject is merely a suggestion. A volume might be written. We neither wish nor ask any credit for it, but we earnestly hope that our brethren of the press will, each in turn and all together present their ideas on this subject editorially to their readers and thus bring this matter home to every physician on this continent. If this be done, it will be the first evidence of the medical press uniting to form public opinion—a consummation devoutly to be wished".

With this I heartily agree; the argument is logical, the deductions are true, the conclusions are right. Our right hand to legitimate pharmacy every time, but if the dealer in cigars and confections and notions and sundries and patents, who counter-prescribes and substitutes daily, who refills and peddles our prescriptions without rhyme or reason, who threatens to do us up (and does it) if we dare to kick, who leaves the prescription case to sell soda-water and swaps nonsense across the counter with some red-nosed hanger-on while our patient waits, won't join with us, and he won't, then what are you going to do about it?

BUNSEN IS DEAD.

Every student who ever worked in a laboratory knows what a Bunsen burner is, and its indispensableness in chemical work. This burner is named after its discoverer, now dead. Every one of us was taught that hydrated oxide of iron is an antidote of arsenic. This too was discovered by Bunsen. His geologic-chemical investigations in Iceland were very instructive on the subject of volcanic eruptions. The first formulation of the specific gravity, and the diffusion of gases was his work. His too were the im-

portant discoveries in the production of alkaline and earthy metals by electrolysis. In 1860 he first produced the metal magnesium in large quantities, and made with it the magnesium light. In that year too he, together with his friend H. Kirchhoff, made the incalculably far-reaching discovery of spectrum analysis. These and many other minor discoveries in chemistry and physics providence enabled him to make between the years 1833, when he graduated at Goettingen, the city of his birth, and 1889 when he retired from his professorship at Heidelberg, and where he died on the 16th of August this year. Fifty-three years he was an active teacher of the sciences that bless mankind. He was born March 31, 1811. A rare, active and fruitful earthly life. What a satisfaction this must be at one's last hour, to know that he has lived for the benefit of his fellowmen! Stop a moment, reader, and thank God for the life of Robert Wilhelm Bunsen.

THE SULPHOCARBOLATES.

In the *Medical Standard*, W. F. Church contributes a short but sensible paper on the sulphocarbates in typhoid fever; written in the quiet but certain manner of the man who knows.

He says: "In ordinary cases with pea soup stools and frequent discharges the zinc salt is preferable, because of its strong astringent qualities. With moderate diarrhea a combination of sodium, zinc and calcium, two or three grains of each every two to four hours, gives better results, perhaps, than either alone. That the sulphocarbates are not 'probably inert' as claimed by some authors may be easily demonstrated in any case with putrid, highly offensive stools. The disagreeable odor soon disappears. Never can I forget the odor of the room of one fever patient who had been having diarrhea for several weeks previous. Under the use of the sulphocarbates there was a marked dif-

ference in two days. While a bad odor exists they should be given with a free hand until the offensiveness disappears, and this result accomplished, should be maintained."

THE MALARIAFEROUS MOSQUITO.

Nuttall has gone over the subject of the relation of the mosquito to malaria, and his finding is as follows:

The coincidence of the two is granted—malaria and mosquitoes are engendered in swamps.

Mosquitoes exist without malaria—not all mosquitoes carry the plasmodia.

Manson showed that flagellate bodies from malaria are not developed until the blood containing them has been some time outside the body. A suctorial insect must therefore remove them. Human infection occurs by drinking water infected by these insects, or by the dust from dried pools of infected water. The mosquitoes of any place may thus be infected by biting a malarial stranger.

Ross cultivated the plasmodia by allowing mosquitoes to suck the blood of malarial patients, the parasites occurring in the insect as peculiar pigmented cells in the stomach walls. Mosquitoes were fed on the blood of birds containing hematozoa; on the stomach walls were found large cells, which fell asunder into spindle-shaped bodies, which were carried to the salivary glands and thence discharged into the blood of healthy birds by the insects, the birds sickening some days later.

All this has been confirmed by many observers, especially the Italians, who have traced the development in the insects of one or more forms of the parasite, and found its young in the eggs of infected mosquitoes.

It is disputed whether the bite of the mosquito directly infects man or not.

Not all forms of mosquitoes carry the infection, the common species being harmless. The many varieties of the genus

Anophiles are most likely to be the carriers of infection.

Smith thinks malaria may be spread like Texas fever, through the production of new broods of insects from infected eggs.

Ross shows also that mosquitoes may be exterminated by draining pools or by throwing a little kerosene upon the water.

VALUE ACKNOWLEDGED AT LAST.

In preparing material for an Alkalometric Materia Medica and Therapeutics under the auspices of the CLINIC, and the most thorough research, therefore, being made in the literature relating to alkaloids in medical practice, we have met again and again with the traditional rejection of aconitine as a remedy. Even Nothnagel and Rossbach in the 7th edition of their Handbuch d. Arz neimittellehre, 1894, p. 838, still reecho the unjust traditional verdict about the therapeutic use of aconitine in saying: "Aconitin ist ein ganz entbehrliches, bei der enormene Verschiedenheite und grossen giftigkeit mancher Präparate gradezu verwerfliches Mittel." "Aconitine, considering the enormous differences and great poisonousness of some of its preparations can be very well dispensed with, and is simply a rejectable remedy."

The experience of European Dosimetry and American Alkalometry was always and is diametrically opposed to this verdict, founded in prejudice and perpetrated by mere copying from book to book. It is, therefore, a righteous satisfaction for the CLINIC to notice in the latest work on Materia Medica and Therapeutics, by Prof. Cushny, of Ann Arbor, (Lea Bros., 1899) p. 323, the following just verdict: "In medicinal doses, then, the only effect of aconitine on the heart is due to the vagus stimulation, the direct cardiac action not coming into play, and the administration of aconite in therapeutics is one of the best methods of eliciting pure and unmixed inhibition."

LEADING ARTICLES

We solicit papers for this department from all our readers. They should be on topics kindred to the scope of *THE CLINIC*, and not too long. Reprints in pamphlet form will be made at a very low price, and in any quantity from five hundred up. If you wish to send sample copies to your friends, see provision under "Articles" in general statement, first page of Editorial Department.

Contributors are earnestly requested to furnish us with a recent photograph, to be used in illustration of their articles.

MENTAL ABERRATIONS TREATED WITH CICUTINE HYDROBROMATE.

By John M. Shaller, M. D.

THE following cases show the therapeutic value of a remedy that does not seem to be fully appreciated. On

account of its very prompt action in controlling mental aberrations, it was thought to be of sufficient importance to relate three cases in which it had been tried.

Case 1. A young man

JOHN M. SHALLER. of twenty-four years, who had been drinking too much beer for a few days, fell down on the icy pavement, striking on the right parietal region. There was no external evidence of an injury.

A restless, active delirium set in, the patient talked constantly and incoherently, he could not sleep, and insisted upon walking about indoors and out of doors, all day and all night. There was loss of hearing in the right ear, with constant roaring sound, but no discharge; pupils, temperature and pulse were normal.

The above condition had existed three days before medical aid was sought. The reason given for this delay was, it was thought that the beer had produced the delirium, which might have been the case.

The patient was wild. He needed to be

subdued; or, as I expressed it at the time, "I'll soon have him quiet, for I shall have to paralyze him."

Treatment: Cicutine hydrobromate was the remedy chosen, particularly because of its power to subdue motor activity. Four granules, gr. 1-67 each, were given every two hours.

After the third dose had been taken, mind and muscle both became less active. The patient was now willing to go to bed. The desire to walk and to talk incessantly gradually passed away, and sleep soon brought oblivion, which the patient had not known for three nights. With the exception of permanent deafness in the right ear, the recovery was uninterrupted and complete, and without relapse.

Case 2. A lady, aged 80 years, had been under treatment for several months for cardiac degeneration, with œdema of the hands and feet, and cardiac dyspnea. She had not been active, usually sitting in her chair and talking but very little.

One day a change came. She talked constantly of killing herself. She said that it was a necessity, that it was her duty, and she asked every one as to the best manner of committing suicide. She then imagined that every one was trying to poison her, then she was afraid she might die. She



was extremely restless, walking about constantly, and was not quiet for a moment. Sleep was impossible.

Cicutine hydrobromate, four granules every two hours, constituted the entire treatment. Improvement began after the administration of a few doses. She became quieter mentally as well as physically. The frequency of the dose was regulated by the state of mental activity.

In the course of three days she had recovered her normal condition. During this time the suicidal ideas would occasionally return but finally they disappeared, and now after a period of four months there has been no return of mental derangement.

Case 3. A policeman, aged 33 years, of temperate habits, became worried about some trivial matter which caused him to lose his sleep for two nights. He imagined that his best friends were persecuting both him and his family. He talked about it incessantly, cried about it, would not eat a bite, and walked up and down the room complaining bitterly of the supposed bad treatment of his friends.

Four granules of cicutine were given every two hours. The second dose produced a marked quieting effect. A few more doses were followed by sleep, from which he awaked perfectly well, with no return of the nervous symptoms.

In these three cases cicutine soothed and quieted active mental excitement, and this finally led to sleep. The active mind produced the active motor state, yet cicutine was selected because of its subduing influence upon over-active muscles. Its usefulness in all spasmodic conditions is well known. When given in full doses, among its first physiological effects are drooping of the eyelids, heaviness of the arms and legs, with disinclination to move and a great desire to remain very quiet; so that it is specially indicated in all opposite conditions, such as convulsions, delirium tremens, excitement of the insane, asthma,

colic of hollow viscera, and is particularly efficacious in dysmenorrhea where pain is localized in the uterus. In a severe case of pruritus vulvæ it enabled the patient to sleep, which was almost impossible without cicutine.

It is claimed by some authorities that cicutine acts chiefly if not entirely upon the motor nerves. This, however, cannot be confirmed, because the writer has found this remedy to relieve severe pain in cancer of the jaw after morphine had failed.

This much, however, must be said, it is frequently difficult, if not impossible, to tell what pains are produced by muscular contraction, by altered blood-supply, or by inflammatory changes.

Abundant evidence can be produced to show that cicutine hydrobromate does relieve painful conditions which do not seem to be connected with motor disturbances, such as muscular spasms.

I have had no experience with cicutine in the treatment of active delirium of acute inflammatory diseases, but I should judge that it would be of value.

In order to obtain results, it is necessary to give doses large enough to produce full physiological effects. Four granules every two hours are usually sufficient. If improvement becomes manifest, or if the muscles grow heavy or tired, then two granules every two hours may be enough. Where it is indicated, push the remedy until some results are produced.

Use the remedy alone without combination. Do this with all remedies wherever it is possible. One can then judge better of the action of a particular medicine.

Cincinnati, Ohio.

—:O:—

Prof. Shaller is one of the few whose writings always leave the reader wishing he had written more. If there were anything in mind influencing mind at a distance, our honored friend would feel many thousands of impulses, coming from all quarters, irresistibly controlling his steps

towards his desk, placing his hand on the pen and one of his memory-cylinders in position for another good letter.—ED.

THE HYPODERMIC USE OF NUCLEIN SOLUTION.

By John Aulde, M. D.

THE cardinal principles underlying nuclein medication remain precisely the same as enunciated by me just six years ago,



JOHN AULDE, M. D.

and corroborated by clinical reports which were published early in the year 1894. There appeared subsequently reports from other observers fully confirming the claims which had been advocated concerning the therapeutic efficacy of the nuclein prepared after the formula which I had suggested, and judging from the evidences furnished by current literature and personal correspondence, I am led to believe that my views have met with almost universal acceptance. Indeed, the results could not have been otherwise than as above stated, since the basis of treatment rests upon well established physiological laws, confirmed by the crucial test of clinical experience.

Nuclein medication is physiological medication, but from a slightly different point of view as contrasted with physiological medication as generally understood. Thus, strophanthus is a remedy which was brought to the attention of the medical profession through the investigations of Professor Fraser, of Edinburgh, Scotland, who began the study of this poison with a knowledge only of its effects upon the heart when administered in lethal doses. It was this investigation which led to a knowledge of the so-called physiological action of strophanthus upon the cardiac structures; but those who employ this drug

with a full knowledge of its properties must realize that it is a mechanico-physiological rather than a true physiological cardiac stimulant. The same is true of strychnine, convallaria and cactus, but arsenic, which possesses properties similar to the others, has still a different action upon the cardiac tissues, *i. e.*, the so-called "alterative" action. To state the proposition in a different form, we may say that the poison produces the mechanico-physiological action, while the so-called alterative action is covered by the expression, "increased metabolism," that is to say, increased tissue-change, or augmented cellular activity. And in respect to this latter feature, it should be noted that arsenic promotes the leucocytic function by its stimulant action upon cell-life. In fact all the remedies mentioned promote leucocytosis indirectly by increasing muscular tonicity, although strychnine and arsenic are recognized as superior from the clinical standpoint; hence, the popularity of the two combined in the form of strychnine arsenate. Nevertheless, clinical results are dependent mainly upon mechanico-physiological action, and such being the case, therapeutic effects must be limited to the period during which the tissues respond to the irritant. In lethal doses, these drugs kill, that is, the mechanical action predominates, while in medical doses, this property is suspended or held in abeyance, so that on this basis we may account for the wonderful results attending the use of the remedy mentioned, strychnine arsenate.

Passing now to nuclein, we have to consider a remedy which does not possess the combined action of the drugs previously described. Nuclein or alexin, as English experimental physiologists prefer to call it, is a normal product of both animal and plant life, and in recent editions of works on physiology it is referred to briefly as arising from the functional activity of the polynuclear white blood corpuscles. How-

ever, special investigators have demonstrated that nuclein is, in fact, the natural antiseptic of the human economy, that it possesses remarkable properties by reason of its power to prevent the invasion of disease, and further, when disease of bacterial origin is present, by its administration the tissues and fluids of the body are rendered inimical to the welfare of the particular micro-organism characteristic of the malady, when the specific character of the disease subsides.

The theory of nuclein medication is based upon these demonstrable facts. If the normal output of the product is insufficient, an artificially prepared supply can be introduced into the tissues as a reinforcement. Thus the system is able to resist the invasion of bacteria and their products while the conservative processes of Nature come to the rescue by rapidly increasing the number of leucocytes in the bloodstream. Then it falls to the lot of the medical attendant to provide these interesting bodies with the necessary material for the continuance of their activities, that is to say, the food problem should not be overlooked. Neither can we afford to neglect the application of mechanico-physiological remedies, because each plays a part. In this connection I desire to emphasize the manifest advantages of the hypodermic use of nuclein, although the value of this advice must be apparent to the most superficial reader.*

Before leaving the subject it will be

*As bearing on this important question, I beg to quote from Prof. Metschnikoff relating to the extra-cellular destruction of bacteria in the organism, as follows: "During his studies on experimental peritonitis in animals produced by the vibrios of cholera, Prof. Pfeiffer noticed that in guinea-pigs well vaccinated against this germ the cholera vibrios when injected into the peritoneal cavity, were rapidly destroyed in the peritoneal fluid outside the cells. He observed the same extra-cellular destruction when he injected into the peritoneal cavity of unprotected guinea-pigs, cholera vibrios together with a small quantity of serum from vaccinated animals. In both cases the vibrios become motionless; they lose their spiral form and are transformed into round granules resembling cocci.

The destruction progresses rapidly and the granules finally disappear, so that the organism is free from the vibrios in a very short time—ten, twenty or thirty minutes. The liquid thus found so destructive to bacteria is absolutely inoffensive to other animals.

We thus observe the remarkable fact that bacteria-killing substances as potent as the most violent antiseptics are present in the body, and may be, without inconvenience, supported by the organism."—*Modern Medicine*, April, 1895.

worth while to consider a physiological feature in connection with the administration of quinine in malaria, namely, cinchonism. Quinine, like all other irritant substances, does produce a form of leucocytosis, but in the case of cinchonism, many of the leucocytes are destroyed, and yet the normal function of these bodies is not thereby destroyed, since the debris is found still active in the body fluids, and from this knowledge we are enabled to account for the efficiency of quinine in malaria. I will not stop here to discuss the various causes which lead to the failure of quinine in this disorder, nor to point out why nuclein is more effective, further than to note that through the exhibition of nuclein the forces of nature are conserved, there being no destruction of the leucocytes, while the supply of this plasmodium-killing substance is augmented by its artificial introduction; hence the signal value of having it distributed directly through the medium of the circulation.

To those who have followed closely the line of study here delineated, it will be apparent that antitoxin treatment actually rests upon the foundations established for nuclein medication, and although to the mind's eye the structure is ornate and beautiful to behold, there is lacking the scientific stability characteristic of nuclein.

How shall we compare the two theories? Perhaps the friends of antitoxin will not object to the following definition: It is an animal product obtained from the blood, the animal having been previously inoculated with a specific poison. A similar definition would apply to nuclein, to wit: An animal product obtained from blood or tissues.

The first is abnormal in that it contains at least a portion of the specific poison, while the second is normal, since it contains nothing except the specialized product of the animal cells, the antiseptic properties of which are now universally

admitted. Antitoxin is active only against the pathogenic infection which is employed to produce the particular product; on the other hand, nuclein being nature's antiseptic, is antagonistic to all forms of infection. Again, owing to the presence of toxic elements in antitoxin (necessarily present from the injection of the poison into the animal inoculated), its administration must be conducted with extreme caution, while nuclein being a normal product and "absolutely inoffensive to the organism," is entirely free from danger.

The following extract from a former paper* relating to the use of nuclein will enable the physician unacquainted with its therapeutic properties to select suitable cases for its employment, and to those who have confined their operations to certain specified disorders, it will serve as a reference, and may at the same time suggest other lines of study and investigation.

"Taking a comprehensive survey of the subject in hand, we should assume that the exhibition of nuclein would be useful, first, in the treatment of all forms of anemia, where nutrition is below par and digestion so impaired that insufficient pabulum is supplied to the white blood-corpuscles. By enriching the blood through the artificial supply of nuclein, the normal functions of elimination are improved and leucocytosis restored. Malaria, especially of the chronic or recurrent type, is promptly and favorably modified by the exhibition of nuclein. In both disorders the effect of medication can be demonstrated from time to time by an examination of the blood. In digestive disturbances, whether occurring alone, associated with or dependent upon other diseases, whether affecting the stomach or intestinal tract, nuclein is most efficacious. Pulmonary disease, tuberculosis, pleurisy, pneumonia, pleuro-pneumonia and bronchial affections generally, respond promptly to nuclein medication;

but a caution should be added that too much must not be expected of nuclein, presently to be more fully elaborated. In diseases of the skin arising from imperfect elimination or suboxidation, the administration of nuclein is attended with the most gratifying results; and it is even serviceable in correcting cutaneous lesions due to specific infection, doubtless owing to the improved character of the insensible transpiration. Derangements of the renal functions are promptly improved by nuclein. In a marked case of albuminuria, the urine was increased, the percentage of albumin lessened, oedema of the extremities and abdominal distention diminished and there occurred decided improvement in the digestive functions. The effect of nuclein upon the kidneys during the progress of disease elsewhere is not especially marked, the urinary flow being slightly increased, but the general character is distinctly improved."

From the preceding remarks, the effect of nuclein upon the nervous system will be inferred. When disordered innervation results from faulty assimilation or defective elimination, its beneficial influence becomes apparent, but its virtues are particularly noticeable when the history of the disease enables us to designate some local ailment or derangement as the exciting cause for the persistence of the malady. Thus, in females, menstrual irregularities may be responsible for a mild form of melancholia which promptly subsides upon the re-establishment of a more active tissue metabolism. In men, immoderate coffee-drinking not infrequently paves the way for subsequent cerebral disturbances. Upon removal of the cause, the hepatic functions regain their vitality, and with the addition of nuclein, elimination at distant points is favored.

The stimulant effect upon the cerebral functions can easily be demonstrated; taken at a time when the vital powers are depressed and the physical system ex-

*Nucleins, A Clinical Study, *New York Medical Journal*, Sept. 29, 1894.

hausted from overwork, a few doses, often a single dose, creates a feeling of mental buoyancy; the step becomes firm and elastic and ambition supplants languor. This property has frequently attracted attention in the aged and in those suffering from chronic maladies.

It was my intention to take up and discuss in alphabetical order the treatment of the various diseases to which nuclein is adapted but space forbids, and I shall therefore reserve the accumulated material for the new edition of "The Pocket Pharmacy,"* which is shortly to be issued.

I cannot close the present article, however, without a brief reference to the value of nuclein medication in pulmonary diseases. In the paper referred to, published five years ago, I made the following announcement: "In the treatment of pneumonia, pleuro-pneumonia, pleurisy and tuberculosis, the beneficial action of this remedy is sufficiently marked to be worthy of mention, although it is not advocated as a curative agent. In pneumonia, for example, when the circulation is under control, in the absence of hyperthermia, when elimination by the natural channels is arrested—shown by the embarrassed respiration and cardiac debility, nuclein can be depended upon to rekindle the dying flame by contributing toward the restoration of the normal condition of the blood. The same is true of its action in the treatment of pleurisy.

"In tuberculosis it lessens the cough by diminishing expectoration, improves the appetite, regulates the bowels, increases elimination by the skin and kidneys, decreases the frequency of the exacerbations due to the extension of the disease, controls in a measure the night-sweats and creates a feeling of well-being, while it does not interfere with the administration of other medicaments hitherto so highly prized for their antiseptic properties."

Further personal observations together

*D. Appleton & Co., New York.

with clinical reports from physicians in general practice show conclusively that my claims were all too modest, since there is full warrant for the claim that nuclein medication is curative in tuberculosis. Taken in the early stages, with proper attention to nutrition and exercise, every case shows improvement from the beginning of treatment, and when treatment is continued a sufficient length of time under favorable circumstances, the majority of patients recover. By recovery is meant a subsidence of the subjective symptoms and physical signs, together with the disappearance of the bacilli in the sputum. And while this is practical recovery, no claim is advanced that it amounts to permanent recovery, because I am convinced that tubercular infection once contracted usually leaves the subject with a predisposition to subsequent attacks. In other words, immunization is not established; however, recent observations lead me to infer that such a condition is not an impossibility, and I hope to be able to offer some tangible proofs in the near future. The solution of this problem, in my opinion, will depend altogether upon our ability to interpret properly the effects of cell-irritants from a therapeutic point of view, and will constitute a notable victory for the doctrine of "cellular therapeutics."

Administration.—As the reader will infer, the employment of nuclein does not necessarily debar the use of other approved medicaments, since the action of the remedy is purely physiological, while the greater number of products usually employed are chemical in their activities. Nuclein does just what has been claimed for it, namely, increases the resistance of the tissues and body fluids to the invasion of bacteria and their products, by augmenting the normal antiseptics of the organism.

The injection is made at some indifferent point, under antiseptic precautions, of from ten to twenty minims of the medicinal solution, once daily, and by way of control it will be advisable to suspend other treat-

ment for at least a week in order to determine what if any benefits are likely to be derived. Generally speaking, the more acute the malady, the more active the treatment. Thus, in the early stage of malaria, typhoid fever, measles, scarlet fever and diphtheria, the injections should be made at least twice daily, by which complications are avoided and subsequent treatment simplified.

Philadelphia, Pa.

SERUM FOR EPILEPSY.

By H. S. Brewer, M. D.

THE receipt of many letters of inquiry is my excuse for again writing about epilepsy. Dr. Evans is right as to some of



H. S. BREWER.

the causes of this dreadful malady; yet as the editor suggests, there are others. During the past year I have had twenty cases to treat, in fact I have had little opportunity to attend any other practice.

There is little doubt that digestion is a large factor in epilepsy even if not directly the cause, and there is little hope of a cure unless the causes are removed.

A case: Louisa, aged 27, French, seizures since 5, came to me from the *Hopital St. Pierre de Paris*, where she had been treated for three years. Paroxysms occurred before and after menstruation, one or two daily for two weeks; then she had fits of unconsciousness lasting hardly a minute. She had been under bromides all this time. I gave her a very thorough overhauling, as I always do, and discovered a hard substance imbedded in the urethra near the neck of the bladder. I removed this with some difficulty and discovered an old-fashioned silver hairpin. She gave no explanation of its presence and I could only surmise. She experienced no difficulty while urinating, but complained of

the frequency and the small amount voided. She had a very severe seizure soon after, lasting longer than usual. I placed her on zinc valerianate, eight granules at each dose, and dilute hydrochloric acid to improve her digestion. Last week she left for her home in France, free from all signs of epilepsy.

I have been using antitoxin in diphtheria, with such complete success during the past year, that the idea got so strong a hold on me that I concluded to experiment with the treatment in epilepsy. So when a big hearty Swedish girl came in one day and had a seizure in my office, I withdrew one ounce of her blood, mixed it with glycerin, submitted it to a heat of 98°, and placed it in a cooler for 24 hours. This on the theory that that temperature would destroy the toxins but have no effect on the antitoxins. A doctor came for treatment, a victim of epilepsy for years. I explained to him that I would like to experiment on him. He being willing, I gave him about 2000 units. He immediately went into convulsions, the like of which I never saw before. You can imagine my state of mind. I worked over that man till the perspiration thoroughly saturated everything I had on, and had at last the satisfaction of seeing him open his eyes, and hearing him say, "Hello". I am stone deaf and yet I heard him. Well, to be brief, this man has been under observation for six months with not a single seizure. However, every other day I make believe to give him an injection, and he thinks he gets the serum but gets distilled water colored with beef-tea.

I have used this antitoxin in much milder doses on others with the same effect. I have seven cases under observation. I give but one injection of the antitoxin, the rest is suggestion. The mind as a factor in the cure of epilepsy is a great thing. The mind is an organizer of physical conditions, and the dread of something frequently brings its realization. To adver-

tise, to emphasize disease, to always keep the patient on the tenterhooks of apprehension, to have an attendant always at hand as a red flag of danger, to discuss the treatment and the time for seizures, to show pity and compassion, to isolate the patient or shut him up with other cases as is suggested by an epileptic colony, is no way to cure the trouble, but on the contrary will perpetuate the disease. Science has demonstrated that the mind can cure disease of the body. If it can cure, it can and often does promote diseased conditions.

According to my observation it takes 24 lunar months to effect a cure. During that time a recurrence of the trouble, even in the form of *petit mal*, if long continued, will undo all your work and you have to again commence at the very beginning. I let the patient go and come as he pleases. If he must have an attendant the patient never knows it. They are taught self-reliance. One poor girl told me she had rather be dead than always under surveillance.

The principal remedies used are the alkaloid duboisine, ignatia, hydrochloric acid, Waugh's Anticonstipation granules, and the sulphocarbolates. You have to enthuse, and enthuse your patient. Suggestive therapeutics plays a great part in my success in these cases, and I can't find much time to treat anything else. It's a practice that I do not care for, yet it seems I am "in for it".

126 State St., Chicago.

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Let the glory which appertains to the introduction of a new serum be awarded to Dr. Brewer; but what he will prize far more, is the consciousness of having cured even a few of these unfortunates. Doctor, we take our hat off.

That serum from an epileptic, taken during a paroxysm, will induce a convulsion has been shown; but that this is curative is another matter.—ED.

INTESTINAL ANTISEPSIS.

By William P. Kingsbury, M. D.

Formerly House Surgeon of St. Luke's Hospital,
South Bethlehem, Tenn.

ONE of the most distinguished physicians of Brooklyn, while lecturing on chemistry in a medical college last winter, made the statement that Bouchard became one of the greatest medical scientists of this century when he wrote his book on auto-intoxication.

It is not my purpose to attempt anything so futile as to try to diminish the fame of the immortal Bouchard, but it seems to me that the physicians in Ovid's day discussed intestinal antiseptics, or else the poet was more than a dilettante in his knowledge of medicine.

"*Aere non certo corpora languor habet,*" says Ovid, which freely translated is "sickness seizes the body from bad ventilation."

My reading of the context assures me that Ovid in this line refers to sickness produced by flatus or fermentive products in the *primæ viæ*. If I be correct in my interpretation, Bouchard is antedated a few centuries.

Shortly after moving into my new quarters in Brooklyn, a few days ago, I was hastily summoned to see a child that was seriously ill. The little patient was a boy 15 months old. The room in which he lay was filled with women, each offering a suggestion differing from that of the others for the cure of the child. As the air was befouled by the garrulous females, I ordered the patient to be taken to an airy room, and made a rule that no one but the parents and myself should be allowed in the room with the child. The fresh air began to show its beneficial effect upon the little fellow before I had fully learned the history of his illness.

The child had been given all the new milk it could drink, several times daily. After this diet had continued for a week the feces became green, slimy and frequent,

the child vomited masses of solid curd, and there was also undigested casein in the dejecta. The physician gave instructions that the milk should be boiled and prescribed salol, bismuth salicylate, opium, or chalk mixture, in his various visits, his prescriptions varying with the visits. As the child was restless and sleepless at night he gave it chloralamid. Each prescription cost at least 75 cents, and as the parents were poor and were exhausting their savings on medicines which were not relieving or improving the child they sent for the "new doctor."

First learning that my professional brother had declined further to attend the case, I entered upon the duty for which I had been called. Upon examining the patient I found him to be pale and emaciated; he was listless, having no strength or vim. The anus was inflamed as well as the rectum. The stools were frequent, green, slimy, and contained masses of undigested casein. Temperature was only slightly above normal.

My treatment which was faithfully carried out was as follows: First, castor oil, 4 grams, with paregoric, 1 gram. After the bowels were cleared a mixture containing 16 W-A tablets dissolved in 90 grams distilled water sweetened with saccharin, teaspoonful every 2 hours. Food was forbidden for 24 hours, after which the child was fed on barley water for 5 days, giving him at intervals a teaspoonful of Snow's Esperanza grape-juice diluted. Sponging with alcohol and water was also advised. The anus was washed with hamamelis and anointed with Unguentine, the emollient also being rubbed inside of the rectum.

The results of the medication were as gratifying to myself as they were to the mother and the little sufferer. The temperature became normal so quickly that I was not obliged to use aconitine. The feces in a few days lost their musty odor and greenish color, and returned to their normal consistency; the child began to resume its

playful ways. There was one thing more to do and that was to restore the adipose tissue the boy had lost. I directed that the child should be given new butter plentifully with his food, and the rapid increase in the patient's weight warranted the addition to his diet. I told the mother to continue with the W-A mixture until the summer was over.

The last time that I saw the little fellow he was playing in the sand at the seashore, and there was not a livelier youngster on the beach than he.

Beyond all doubt this child's life was saved by rendering the intestinal tract aseptic by the sulphocarbolates.

The sulphocarbolates are becoming so much in vogue in the vicinity of New York that the most prominent tablet triturate manufacturing company in New York City has in its catalogue for 1899 a tablet dubbed "Triple Sulphocarbolates," consisting of the sulphocarbolates of zinc, sodium, and calcium. Truly, imitation is the sincerest flattery.

411 Sixth St., Brooklyn, N. Y.

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Give a log a push to start it down hill, and it will continue to roll after the push has ceased. The sulphocarbolates have had their push and now they are rolling of their own accord. Worth must win in the long run. A scrutiny of the current literature will show that the sulphocarbolates are gradually pushing into use, and giving satisfaction; at least when chemically pure salts are employed.—Ed.

THE TREATMENT OF CONSUMPTION.

By Edwin Gladman, Phar. D., M. D.

THOUGH not entirely in accord with Dr. Waugh regarding some details of treatment of the tubercular, I recall no brief article to which I would give more complete assent, or unhesitating praise, than the one in the August CLINIC.

This notwithstanding he advises against

sending patients to advertised resorts. Their disadvantages are conservatively stated, but like most questions it has another side. It is true the influence of seeing fellow-sufferers is in some degree depressing, but like lotteries and horse-races it is the winner and not the loser that is in the public eye. After one year's experience at Southern Pines, I can say that within a few days, the stranger has brought to his notice men and women who came here several years ago, seemingly hopeless, now in apparent health; while those who left through the medium of the undertaker are not mentioned.

That there is often a lack of proper accommodations is true, but a Resort is the better horn of the dilemma. That there is great benefit to be obtained by the tubercular in this Long-leafed Pine region is generally admitted. I believe Dr. Waugh himself has given it favorable mention; but a consumptive, if his case were at all apparent to the laity, would have a hard road to travel in obtaining accommodations outside of this place in private houses. Thousands of invalids coming to this place the past few years have given to the natives a dread almost surpassing belief of the contagiousness of the disease. A familiar addenda to the advertisements of hotels and boarding houses is: "The right reserved to reject confirmed consumptives." The alternative of a resort is board at an isolated country house, and this generally means lack of direct medical supervision or instrumental aid. After all, intelligent supervision takes precedence of all other aids to recovery. Many third-stage cases came here last season that should never have been allowed to leave their homes, and many came for a very brief stay, which was money wasted. For all who can afford it this climate gives best results after one or more years' residence. Land is very cheap and for a few hundred dollars one can have a house and a few acres of ground. This sand hill

grows little else but fruit, but it grows that cheaply and abundantly. That fruit raising to my mind is an ideal life for consumptives. This is yet a small place, but last season three million six hundred thousand pounds of fruit were shipped from here, a large part produced by invalids who have made this place their home.

An experience of several years in tubercular cases warrants me in emphatically endorsing Dr. Waugh's views on rest, exercise, diet, alcohol, serums, nuclein and intestinal antiseptics.

I have been a reader of the CLINIC since its first issue, and it has moulded to a large degree my ideas as to the value of a clean intestinal tract, but it has been to me a continual surprise that Dr. Waugh attaches so little importance to either washing the stomach or flushing the colon. By inference and analogy we should think a reader of the CLINIC seeking cleanliness of the intestinal tract by any rational means was one of the doctor's disciples.

Nothing in the practice of medicine has given me more gratifying results than have been obtained by these procedures in selected cases, and there are but few tubercular cases where it is not at least occasionally indicated. Even though we may not reach the small intestine, the value of a clean colon is enormous.

Fighting the fever is not a battle against bacilli, as much as against micrococci. I have preferred waiting further reports as to the value of Marmorek's serum, but have been and am yet testing the virtues of calcium sulphide.

In conclusion let me strictly emphasize the value of local applications as a relief for cough. The cough without effort accompanied by copious expectoration I have not in mind. It is the never-ceasing hack, hack, hack, that wears away the patient's life. The relief obtained by reducing nasal and pharyngeal congestion is oftentimes magical.

Nor should the larynx and epiglottis be

neglected. There is no hope for a patient unless he can eat. While in advanced cases we may not be able to prevent the recurrence of laryngeal congestion or ulceration we can always relieve it, and when a cure is impossible, euthanasia more than justifies the existence of the physician.

Southern Pines, N. C.

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The Long-leaved Pine region seems to me to be nearly an ideal one for consumptives. The little trees run from 25 to 50 to the acre, not enough to interfere with sunlight or the movement of air. The absence of underbrush prevents the occurrence of vegetable decomposition and malaria, while the depth of the sand (90 feet at Southern Pines) supplies the best drainage. Pine log houses could be built for \$25; wood was 50c. a cord, and the climate warm, dry and equable. Land is very cheap and experiments with grapes and strawberries showed that crops could be raised easily and profitably on proper cultivation. Go there, build your own house and cultivate your own plot of ground, and you will do better than boarding at a hotel anywhere.—ED.

COCAINISM.

By J. Harrington Beynon, M. D.

NEVER from the frosty hills of the North, or the warm pregnant sod of the South, nor from the arid plains of the East or the virile soil of the West springs a shrub known alike to civilian and barbarian so fraught with possibilities for weal or woe to mankind as that veritable "bush of good or evil" *Erythroxylon Coca*. Poppy and Cannabis are harmless as milk in comparison.

No drug known to *Materia Medica* when taken habitually is followed in so short a time by such dire and calamitous results, such utter wreck and ruin, mental and physical as cocaine.

The average life of the cocaine debauchee is about two years, at the expiration of which he will die of insomnia or fall a ready victim to some intercurrent disease, if he escapes suicide or death from marasmus so long.

For centuries the coca plant has been known and used by the Indians of South America. The leaves, mixed with alkaline ash, are chewed for their sustaining and invigorating effect, banishing hunger, thirst and fatigue for days together. But even the native finally succumbs to its poisonous properties, losing appetite, flesh, vigor and ultimately his life from the marasmus which continued chewing induces.

Some fifty million pounds of coca leaves are annually harvested in Peru and Bolivia.

For the prevalence of the coca habit or cocaineism in the United States and France, particularly in New York, Paris, New Orleans and other great centers, coca wines, coca lozenges, catarrh snuffs, sundry panaceas and cure-alls containing cocaine in dangerous amounts are largely, if not mainly, responsible.

The formation of this habit is most insidious, stealing upon one like a thief in the night.

Coca lozenges for chronic sore throat, catarrh snuffs for colds or a glass of coca wine for that tired feeling, frequently repeated, soon become a necessity, and long before the unsuspecting victim is himself aware of his bondage the line of safety is crossed and he stands fettered with chains requiring "iron bars and perspiration" to break.

The coca habit is more easily and readily acquired than that of opium, chloral or absinthe, because of the guileless form in which it is presented. It is many times harder to cure and decidedly more destructive. Most habitues who recover are those who take morphine in conjunction. The former drug seems to neutralize the

effect, calms the raging nerves and holds the frenzied heart in check.

No sooner is the habit formed than disintegration begins; first the soft tissues, then the bony system, even the teeth become chalky and brittle and the enamel crumbles away.

The majority of victims seem offered upon the professional altar. Those whose vocations call for mental exhilaration and heightened imagination here find a ready but treacherous ally. The Magdalens of today and all those who wish to forget, herein also find surcease from sorrow.

The most deplorable cases are those resulting from the hypodermic use of cocaine solution, and in these the effect at first is one of pleasure; the eye is brightened, the color heightened, the expression animated, fatigue is banished, the imagination enriched and brilliant thoughts coin themselves into words. The conversation becomes witty and sparkling, dull care takes wings, and the troubles of the hour are remembered as pleasures that have passed.

While under its influence the victim becomes insensible to hunger, heat and cold. The chilling "mistral" or the scorching "simoon" is alike to him but a laughing zephyr. Life is a perennial spring and its beaker seems filled to the brim. The day is bright! but the light is fleeting, fleeting, for the night cometh! A night cold and dark and pitiless, without a star, without a dawn! As the days pass more and more of the drug is needed to produce even transient stimulation—the dose to-day is doubled tomorrow.

Ultimately the appetite fails, the strength wanes, the muscles tremble, the face becomes pale and thin, and the mind enfeebled becomes a prey to hallucinations and delusions of persecution.

Degradation is now profound and we have "a gaunt, hollow-eyed spectre, whose demented functions move only in a pitiless circle of self-intoxication—a ghastly autom-

atism," whose only joy is the prick of the hypodermic needle.

I have in mind five typical cases of cocaineism which came under my personal observation. They were men of ability and promise, of mental and moral stamina above the average.

Two were doctors, who took the drug for its own sake to relieve depression and fatigue. One of these severed his connection with the things of earth with pistol ball through the brain. The other died from an over-dose. The third, a divinity student, cut his throat with a pen-knife.

The fourth and fifth were men of affairs, who, under wise and sympathetic treatment, partially recovered, but to-day are suffering the slings and stings of outraged nature.

I recall a sixth case—would that I could forget it—of a journalist who in his moral abasement sunk so near the brink of the "pit" that the honor of his wife became a thing of barter and sale, for money to buy the accursed drug.

Does it not behoove us all to handle and prescribe this leaf-o'-the-hidden-thorn with the most careful intelligence?

Then let us be advised, for the habit once formed in the majority of cases proves fatal—like the "primrose path of dalliance," it leads to debility, insomnia, insanity and death. But follow rather the lead of kindly nature—"her ways are the ways of pleasantness and all her paths are peace", thus: When weary and worn, leave coca alone. Rest! Sleep!

No. 202 Clinton Ave., Newark N. J.

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Dr. Beynon gives a glowing description of this habit, but one not overdrawn. The habit is difficult of cure because the patient does not want to be cured. Once get him to realize his condition and apply for aid and it is easy enough. No withdrawal symptoms occur, no cardiac depression, no delirium, no aching, no burning.—Ed.

MANAGEMENT OF NORMAL LABOR.*

By John A. Snowden, M. D.

PARTURITION constitutes one of the most wonderful, painful and intensely interesting scenes in the great drama of



J. A. SNOWDEN

human life. Life is our most highly prized earthly possession; and when called to attend a lying-in woman there are two of these priceless jewels, the well-being of which we are expected to care for, preserve and perpetuate. How all-important it is that we should be thoroughly mentally and mechanically equipped for the occasion.

In this fast age of steam and electricity there is a great tendency, I am sorry to say, to rush through at lightning speed this memorable, time-worn, God-given process; and doubtless there are many innocent lives lost, and many poor helpless women left torn and bleeding, by this sinful, pernicious habit of hurrying and precipitating labor. No one should accept an obstetrical case who is so busy, or whose time is so valuable, that he cannot wait for these little passengers to arrive on regular schedule.

At a recent meeting of our local medical society one of our most prominent physicians made the remarkable statement that he used forceps in four-fifths of his labor cases; and another promising young doctor said he had attended twelve labor cases and had used forceps ten times.

With this growing tendency to forceps-delivery the majority of coming men and women will be able to stand up, MacDuff like, and declare: "We are not of women born, but from our mother's womb by cruel forceps and wicked hands were untimely jerked."

*Read before the "Kentucky Valley Medical Association," June 2, 1899.

We now take up the subject proper of our paper. Let us suppose a woman has enjoyed the pleasures and endured the pains incident to a ten months' pregnancy, lunar time. It is midnight when the ruthless hand of pain awakes from peaceful dreams the sleeping spouse, and announces in silent though unmistakable language that the crop sown in pleasure must now be garnered in pain. A doctor is hastily summoned, and on reaching the bedside soon determines that labor is in progress. A hip-bath of nice, clean, warm water is ordered. Should the bowels be constipated a dose of castor oil is given. In case the bowels have been moving we like to give an enema anyway, to wash out the rectum, thus clearing the bowels of any remaining fecal matter, which is always a source of annoyance and discomfort to both doctor and patient. To increase the labor pains we usually give quinine, manipulate the os, give a sitz bath or an enema, each of which, in our experience, seems to have an oxytocic effect. I rarely ever give a dose of ergot until after the completion of the third stage of labor.

When your patient has been in labor some time without making much progress, the pains becoming feeble and irregular, your patient worn out and exhausted, a full dose of chloral or a hypodermic of morphine will give all hands a much-needed rest; and when the effects of the chloral or opiate have passed off, the labor in all probability will be resumed with increased vigor. A hot hip bath just at this time will be really grateful to your patient, in soothing the hot, painful parturient canal, and will increase the force of the pains.

The bladder should always engage attention. Distention of this viscus adds another danger to the complications of labor, and neglect in this particular may entail untold suffering.

The membranes should rarely, if ever, be punctured in normal labor. They usually rupture spontaneously when the

os is fully dilated, and the liquor amnii has performed this last function it is designed to accomplish. It is the careful attention to these minute details that enables your patient to pass safely through the painful ordeal of child-bearing.

As the head comes down and engages the vulvo-vaginal outlet, a liberal application of lard or vaseline to the hot, dry and painful vagina, helps wonderfully in protecting the parts and in a marked measure expedites labor. A folded napkin or the palm of the hand is pressed gently against the perineum during a severe pain, and this procedure is intended as much for the reception of the child's head as for perineal support. I believe that great harm comes of too much or misdirected support.

Chloroform, in our opinion, is the perineum's most efficient friend, and contributes more toward preventing laceration than any other measure that has ever been employed. I give chloroform to the majority of my patients, but rarely to complete anesthesia.

The child being born, the mother is given our immediate attention. The hand is placed over the hypogastrium and deep pressure made, in order to find the uterus and excite its contraction. Finding the womb firmly contracted, we usually wait five or six minutes before applying the ligature. During this interval of waiting, several ounces of blood will be pumped into the child's system, which adds materially to its strength and vitality. It has been claimed that late ligation tends to jaundice in the new-born, but recent investigations along these lines conclusively disprove this hypothesis.

The end being severed the child is passed to the nurse, with directions to oil or grease well and wipe clean with a wet cloth. A plunge or water bath abstracts too much heat from the child's surface and is calculated to do harm, so I depend on oil or vaseline and a wet cloth for cleansing the first time.

I now look after the placenta, and there should not be too much haste in its removal; for until separation between it and the uterus has taken place any attempt at forcible removal may excite flooding. The absence of pulsation, together with a cold and flabby condition of the cord, are positive evidence that the placenta is detached. The cord is now grasped with the left hand and gentle traction made, while the index and middle fingers of the right hand are placed in the vagina in front of the cord and serve as a fulcrum over which traction is made. In this manner the placenta is usually readily removed, immediately after which I generally give a dose of ergot to insure firm contraction and obviate any liability to flooding.

After an hour's rest the mother is given a thorough external bath—no vaginal douche—and a change of nice dry clothing. Only where there is a tendency to post partum hemorrhage do I use a binder. A few doses of ergot are left, to be used in case of too much bleeding, and after the grateful father and provident husband has "paid the freight" on this valuable and recently delivered "cargo," we are ready to take our departure for home, where we hold an interesting though generally friendly discussion with our better "ninetenths," as to the quickest and most useful method of spending our hard-earned money.

And now, gentlemen, I am fully conscious of the fact that I have not offered or added a single new thought to this exceedingly interesting subject. My chief aim has been to exhort my brother practitioners not to be too handy with their forceps, nor to unduly interfere with this physiological function, but give the dear woman a fair chance to show you what she herself can do in the noble avocation of child-bearing.

And finally, brethren, you will pardon me for alluding briefly to a matter not wholly foreign to the subject of my paper. Dr. Brewer, of Chicago, in the May number of

the ALKALOIDAL CLINIC, makes this remarkable statement: "Old men are prone to love not wisely but too well. Old age causes the testicles to drag, and this induces ardor and almost frenzy. The remedy is a suspensory bandage first, last and all the time." We have seen pleasant homes wrecked and loving parents and children torn asunder by the injudicious marrying of old men to undesirable women. So now, when we see an old man in his dotage trying to cut up such capers we have only to catch the old gentleman and put his scrotum in a swing. He immediately comes to his senses, and has no inclination whatever to commit so foolish and indiscreet an act.

Wade's Mills, Ky.

—:O:—

Let's hear from the old gentleman. What do you call old, anyhow? Our mother took grandma, aged 80, to get a bonnet. The "old" lady objected to mother's choice because it was suited to a very old woman. "And what do you call yourself?" asked mother. "Humph," said grandma, "I saw in the paper that a woman had died at 120!"—Ed.

SEXUAL HYGIENE.

The most profound interest has been shown in the series of papers that have appeared in the CLINIC from the Physician's Club on the subject of "Sexual Hygiene." Thousands of physicians have read and discussed these addresses, and from all over the land there has gone up the cry for "more light." How many homes are rendered miserable, how many women driven to desperation and sin, because the family doctor does not know how to give proper advice concerning the sexual relations, is beyond the power of tongue to tell. Physiologists give the most minute details concerning functions that the doctor may never once in his life be called on to rectify; but over this subject the veil of

mock-modesty and criminal silence has been drawn. No word of this is taught in the medical colleges. The inquirer can find nothing in the text books, nor even by searching the libraries. It is taken for granted that these things regulate themselves without the assistance of the medical adviser. So they do—but how?

Not more than fifty per cent of married women have any pleasure in sexual intercourse, in so far as experiencing the organism is concerned. Why is this?

The causes may be divided into those in which the woman is at fault, and those for which the husband is responsible.

First among these causes we must place the influence of Mentality, the result of education. From time immemorial women have been taught to control and subdue their sexual desire as something to be ashamed of. The girl who allows herself to be carried away and overcome by passion is declared "ruined" by Madame Grundy, and the awful consequences that follow are quite enough to make any ordinary girl keep a tight rein on her passions.

Next comes that greatest of crises in a woman's life, her settlement in matrimony. The question of questions is "how has she done?" Has she married well, captured a lord, a millionaire or a preacher? Or has she made a fool of herself, let her feelings run away with her judgment and married the man she loved? Men marry for love, as a rule, and this is counted on by the shrewd, disillusioned old mothers; and so the daughter is instructed to throw herself in the way of the "catch of the season," and to shun the undesirable *parti*. Pride in the "catch" and relief that the question of her future is settled, with the feminine longing for a household of her own to fit out and to rule, have far more to do with the modern woman's marriage than falling in love.

Add to this the all-powerful influence of the prevalent idea of what constitutes religion—that it is not only indecent but

morally wrong to indulge in sexual pleasure even with the husband—and the dictates of society forbidding maternity unless it does not interfere with social life, while ascetics are continually bobbing up who preach that sexual intercourse except for procreation is sinful, and who could wonder? Women are exceptionally susceptible to this argument. Tell a woman that her soul's salvation depends on her doing or not doing any thing, and if she believes it, no power on earth will induce her to break the law. Tell a man the same thing and the chances are that he will try to argue out of it.

For ages on ages women have had it drilled into them that the possession or manifestation of the sexual feeling is indecent, immoral and silly; and we see the result in a race of sexless creatures, married nuns, whose severest trial is that they cannot, by precept or example, convert their husbands to their way of thinking and of acting.

The physical result is that in a certain proportion of the sex the function has become atrophied from disuse, and they are incapable of its exercise. In such women the clitoris has only ordinary sensation; the vagina may have a very little pleasurable feeling during intercourse, but the orgasm is impossible, and their only pleasure in intercourse is the unselfish one of gratifying the husband. She may be a gentle, pure-minded, affectionate and lovable creature, and the husband happy in his home life, knowing well that the seducer will never enter to disrupt it and dishonor him; yet he will never know the pleasure of a mutual sexual union. To him sexual intercourse will always be a manifestation of selfish indulgence. This may not cause him any annoyance if he be of tough fiber, but to many a man the thought that he is only endured is enough to destroy all marital sexual desire.

Or the wife may be a human worker-bee, intent only on her household

or perhaps her business, and tolerating her husband from a sense of duty but with difficulty, having no use for him except as a provider for her wants. This is a common type. The woman grows shrewish with years. She may have a tender spot for her child, but for her husband she has only a critical, unfriendly estimate of his capacities as a man and a money maker. She is supremely selfish, pursuing her own ends, in business, society or household, without the slightest consideration of the happiness or well-being of her husband. She may make his home the model of neatness, push him into the background and take control of his business, which she may manage with ability and success, but sexuality is to her foolishness, and the craving he feels for loving tenderness is to her evidence of contemptible weakness. When the husband of one of these reputable, irreproachable, saintly women "goes astray," the world justly reproaches him and commiserates her. If he doesn't, they despise him. His death sets her free. A few little children may shed tears over the loss of his kindly greetings, an old crony or two tell of what he might have been had his wife not overshadowed his good qualities, but the general impression is that it is a good riddance. And yet, ——— ?

In many instances the woman has the capacity for sexual enjoyment but the man is unable to secure it to her. There is considerable variety in the dimensions of both the male and the female sexual organs, and they may not fit. Sometimes the male is too large, and the union is productive of great suffering, even when lubricants are freely employed. Such women may have normal sexual orgasms with men built on a smaller plan, but cannot have it when intercourse is accompanied by pain. The difficulty of the man being too small is not nearly so common, because the penis does not have to fill the vagina to produce a complete orgasm for both parties. The

persons who continually appeal to us to have their organs enlarged are as a rule inexperienced youths, who have not succeeded in giving gratification in their first essays, and jump to the conclusion that they are lacking in size; when the fact is that they are simply ignorant, or have found a worn-out mate with a too capacious and too-much-used vagina.

Women as a rule are much slower than men in reaching the climax of coition, and unless time is given them they are simply excited and then left ungratified. The following method has often succeeded in remedying this common difficulty: The man must not attempt entrance until the wife's passion is aroused, and her vagina and vulva moistened with the secretion that denotes desire. The sexual act is then begun, but when near the climax in the male, the penis may be withdrawn, and every part of it wiped dry; when the coitus is resumed. This should be repeated until the wife is so close to her orgasm that she will not let the withdrawal be made, when the climax will be mutual.

The wife's orgasm is produced by friction, on certain specifically sensitive tissue. This is usually the glans clitoridis, but it may be located elsewhere—in the vaginal tissues, or even in some instances in the rectum. In one case observed there was only ordinary sensation in the glans, a little in the vagina, but deep in the latter, close to the uterus, there was a nodule that possessed the greatest sensitiveness in this respect.

In some women the clitoris is covered by its prepuce, and the latter may be adherent at the top or over the whole glans. These conditions will interfere more or less with the development of the orgasm. They may be relieved by appropriate surgical measures. The entire prepuce should be removed; the glans set free, and any retained smegma removed.

If the clitoris is constantly insensitive, the application of an infusion of some irri-

tant like oil of nettles may restore irritability. The use of the static or faradic current is sometimes advisable.

Any fissures or caruncles, anything that may render coitus painful, should of course be cured, for, as is well known, pleasure is impossible when the act hurts. In fact, these cases call for a painstaking examination to see what is the matter, and whatever is found to be abnormal should be remedied, even if no direct relation between it and the sexual disability can be made out.

The affections of the male which interfere with successful coitus are feeble erections and premature ejaculation. The former may be due to age or sexual excess, in which case the doctor had better confine his ministrations to moral advice. Occasionally a case presents itself in which for family or property considerations it is important that an old man should have progeny.

The galvanic and faradic currents, alternated, and used carefully so as not to exhaust the susceptibility by over-stimulation, are of some value. Gold chloride, gr. $\frac{1}{4}$ daily, platinum chloride in the same dose, cantharidin, gr. 1-1000 every hour for four doses, succeed to some extent; but the most potent agent in these cases is the testicular extract, in doses one to ten grains, taken once a day. Phosphorus is useful when taken in doses of gr. 1-134 three times daily, for a week or two. But if any of these remedies is employed for more than a temporary effect, the symptoms of sexual and mental exhaustion will not be long in coming. As agents to enable a worn-out libertine to continue his debauchery, they are merely the whip to the tired horse, and not one of them gives any real strength, while their continued use may bring about complete exhaustion of the sexual function, when with proper care it might have been preserved for years.

Weak erections are often due to dilata-

tion of the superficial penile veins. These veins then empty the organ as fast as the arteries fill it, and erection becomes impossible. This is easily diagnosed by passing a rubber band or cord over the penis, down to the root, and noting if by this the erection is strengthened. If so, it is easy to ligate the vein subcutaneously, and restore the balance between the outflow and the intake of blood. Usually this is spoken of as ligating the dorsal vein, but really it is best to tie the lateral veins, as they are less likely to be controlled by the compressor urethræ. The ligation should be done as near the body as possible. When due care is taken to avoid excess the results of this operation are excellent; but as like causes produce like effects, undue indulgence may cause dilation of other vessels when the impotence will be reproduced.

In the large majority of all cases the true difficulty is premature ejaculation, and this is due to hyperesthesia of the prostatic urethra. The cause may be gonorrhea, or the habit of masturbation. Pass a sound into the urethra, and when the instrument reaches the region of the prostate, there will be flinching on the part of the patient, as tenderness is felt. A little secretion may be withdrawn on the instrument.

The usual treatment is by the use of steel sounds, passed through the tender portion and left *in situ* for from five to thirty minutes. This treatment is of little use, and is now being advantageously replaced by the injection of euophen-aristol-petrolatum, which is quite effective. A few drops are injected into the prostatic urethra every other day, until the passage of a sound no longer causes uneasiness. The sound should also be used if there is a stricture present. In fact, the same rule holds good as with woman, to thoroughly examine and cure everything curable.

The hypodermic injection of ergot to strengthen the erections has been superseded entirely by the ligation of the veins;

the former requiring a new application before every sexual act, and giving no benefits commensurate with the pain and annoyance. The erections may be strengthened by strychnine arsenate, gr. 1-30 to 1-15, three times on the day sexual congress is expected. But the methods described above are far better than the use of drugs.

Men who have had gonorrhea, with orchitis on both sides, are sterilized thereby, and the sexual vigor is apt to be weakened or lost. The control exerted by calcium sulphide over all manifestations of gonorrhea leads us to think it worth while to try this drug also in these cases. Give a grain of pure calcium sulphide three to seven times daily, adding hydriodic acid in full doses, as much as the patient can take without causing iodism, to stimulate the absorbents to remove the obstructing debris. Continue this until the breath smells of the sulphide, and then reduce the dose one-half, and continue for a month. It may be that the way will be opened up, and the impotence and sterility be cured at the same time.

The foregoing covers most of the cases that come under the physician's care. With the cases of manifest sexual mismatching, where the size of the organs is such as to render normal union between that man and woman impossible, the question is one of the propriety of divorce. When each surrenders to the partner the exclusive right to sexual intercourse there is an understood contract implied that the mate shall give due and normal satisfaction in this respect. If this is not the case, the party is defrauded of one of his or her most important rights. If not content to forego the pleasure of sex, the remedy is to be had in divorce, and not in illicit intercourse. And yet society turns from the divorcee and shuts its eyes on the transgressions of the sinner, if only such transgressions be discreetly veiled. But the honest, law-abiding, God-fearing doc-

tor will never hesitate to urge on his patients the only proper course, a course we believe to be right in the eyes of God, regardless of the dictates of society.

A pamphlet before us by Ida C. Craddock, entitled "Right Marital Living," deals with the subject of the sexual act with unusual freedom. Her idea is that a division is to be made between unions for procreation and those for pleasure alone. In the same way she divides the sexual organs of the woman into "love organs" and those intended for conception. She advocates the control of the function so that with the man the act is at first stopped just before the orgasm, until he finally learns to go through the orgasm without ejaculation of semen.

That this may be learned is perhaps true, but that it is desirable is not proved. It has been taken for granted that the reabsorption of semen is a benefit to the man, but we have as yet found in our somewhat extensive reading no attempt to prove this assertion, and there are *a priori* reasons for doubting it. The principal one is the remarkable way in which the propagation of the species is provided for, and the enormous waste of semen permitted, in order that a single child may be produced. In spite of all reasons based on the laws, custom, and usages governing society, Dame Nature comes to assert herself at every turn, and demolish these artificial hindrances, to the consternation of the scheming mother and well-drilled daughter.

It is safe to assume that nature's way is all right until we know a better, and the notorious fact that some men habitually lose enormous quantities of semen without apparently being the worse for it, would throw a doubt on the necessity of reabsorption. The writer was informed at the silver wedding of an acquaintance that he had had sexual intercourse during the 25 years regularly ten times a week. He was a remarkably youthful grandfather in

appearance, well and hearty, and an active business-man of good repute, with not the least evidence of degeneracy or exhaustion. Such instances are uncommon, but on the contrary there are many thousands of men to be found who approximate it.

The first harmless excesses of the honeymoon over, the vast majority of couples properly mated settle down to that degree of indulgence that is natural to them, let it be once a month, once a week or once a day; whenever the seminal vesicles of the male become distended or the wife's sexual appetite arises, intercourse is had, without a thought beyond the pleasure of the moment. And if this is done thus naturally, throughout a long life, no harm results, and a happy sexual life terminates in a hale and hearty old age. But if the sexual function is unduly stimulated by lascivious books, pictures, thoughts and conversations, intercourse is indulged in too freely, and the sense of exhaustion follows. With a man who has been accustomed to quiet natural sexual life, with the wife at his side, ready to join him at proper intervals, it is not usual for intercourse to be too frequent; but when there appears on the scene the strange woman, of strong sexual propensities, and the ardor of pursuit with the incentive of illicit passion arouses the sexual instinct to unhealthy activity, harm will result, especially if the man has reached that time of life when he would naturally find his appetite subsiding.

When intercourse in the natural way is looked upon as undesirable or wrong, whether it be that the wife is anxious to avoid maternity, or that either becomes infected with the idea that intercourse except for procreation is sinful, we may look for trouble. The denied party will more than likely seek outside the family for the enjoyment that is refused at home, with disastrous effects on body and soul; or mentally becoming warped, will be known as a "crank," devoting to the consideration of sexual and kindred subjects

much time and thought that would be better given to the home, to business or to the soul's welfare. Whenever we begin to interfere with nature in this matter we stand an excellent chance of doing harm, and very little of doing good. It is an undisputed fact that the best chances for health and longevity both for the man and the woman, are to be found in the enjoyment of happy, well-mated wedlock.

One fact insisted on by Mrs. Craddock, and perhaps not sufficiently emphasized in this paper, is that the woman's instincts being rather towards maternity than to intercourse, she is much slower in coming to the point of desiring intercourse than is the husband; hence the wisdom of the latter waiting until his partner is unquestionably ready before beginning the embrace. This, and the love-making by which sexual appetite is aroused, may be left to the instinct of each right-minded man; but no one should selfishly or thoughtlessly forget that the God-given relation is two-sided, and that without harmony and mutual enjoyment it becomes a mere masturbation to the body and mind of the one who alone is gratified.

The series of addresses and the discussion at the Physicians' Club were completed in September's CLINIC. The present article has been prepared to supplement them and give the practical information that was merely alluded to in those addresses. We expect to present in the November CLINIC a digest of the replies sent in response to contributors' questions, and any further material that we may receive of a fit nature for publication. If after reading the above any one feels that he can contribute anything further to aid his fellow physicians in the management of these unfortunate cases we trust he will feel it a duty to communicate it to us. If mismated couples are contented with each other, spite of their mismating, well and good. But if not, each has rights that should be considered.

EDITORIAL RESUME.

PRACTICAL HINTS FROM DAILY EXPERIENCE.*

By W. C. Abbott, M. D.

THE UVULA.

IT is possible that someone of our readers may not appreciate how much trouble this little "flipper flapper," that seems to



have no function at all, can make when it gets out of fix. Many a case of cough, always worse at night, that has resisted treatment for a long time, and often at the hands of several physicians, has been immediately cured by snipping off the point of the uvula, elongated to the extent that when the pharynx is relaxed it touches and tickles the base of the tongue. This has been brought to the attention of CLINIC readers once or twice before, and now comes fresh to mind through a report from our friend Dr. Jameson, of Buda, Texas. The doctor mentions having cured a number of severe and otherwise uncontrollable coughs by this simple procedure, even to removing his own uvula before the looking glass. Every operation was followed by good results.

GRANULE-MAKING.

A friend in Providence, R. I., writes for information as to the method of manufacture of alkaloidal granules, saying that he has been informed by a traveling salesman for some one or another that they are made by saturation like homœopathic pills and that no two lots can possibly be of the same strength; and the doctor is really worried fearing that he is dealing with an uncertainty and don't know it. I didn't suppose that there was anyone in this country that would believe such nonsense, or that there was a man, although some salesmen

*These notes will continue at intervals during the year as a "filler" to this department. I hope they will serve their purpose, and at the same time be interesting and instructive.

will do almost anything, that would stoop to such a flagrant misrepresentation.

Alkaloidal granules of American manufacture are mass pills of mathematically definite combination, and they do not vary one from the other, of the same drug and strength, in the slightest appreciable degree. Please remember this and if the question is ever brought to your attention, see that it is set right in the mind of the inquirer.

UROTROPIN.

Interested in every remedy that cures or ameliorates the condition of the patient, and in continuation of our previous work on this subject, the CLINIC presents a review of cases reported to have been treated with Urotropin. We give here a part of the results of records from those whom we do not know personally, but yet have every reason to respect, and of one case with which the writer of this was well acquainted.

Urotropin means "urine-change" because it has the peculiar power when taken *per os* of changing an alkaline into an acid urine. When Nicolaier first discovered the medicinal properties of Urotropin in 1894 he thought it would be a systemic solvent of uric acid and its concretions. Casper, of Berlin, found it far less effective for this purpose than glycerin, but discovered, by accident, that Urotropin was brilliantly effective in phosphaturia. Dr. M. G. Tanago, of Madrid, is the only one we have met in medical literature who claims solvent powers of uric acid for Urotropin.

By "phosphaturia" Casper understands a condition in which phosphates are excreted in abnormal quantities without an extra ingestion of substances containing them. This condition frequently occurs in the various neuroses and in sexual diseases, especially in chronic gonorrhea and prostatitis. It also occurs by itself without giving any trouble, or there may be with it frequent micturition, dysuria, itch-

ing and prickling sensations in the perineum and shooting pains extending into the renal region and the limbs. To get rid of phosphaturia by lavage with the various substances proposed, even if it should be successful, which it more often is not, entails the great danger of catheter-infection.

The internal exhibition of mineral acids for that affection affords but a temporary relief during their administration. "In Urotropin", says Casper, "however, we possess a remedy which taken in small doses (fifteen to thirty grains) causes phosphaturia to disappear. The urine becomes clear after being clouded perhaps for months and years, and stays so after cessation of administration of the remedy for a considerable time; and when the affection recurs the same remedy will relieve it again and again until at last it has conquered."

Urotropin has been given in cystitis and pyelitis in daily doses of thirty to sixty grains with most satisfactory results. Care must be taken, however, against the urine becoming too acid; this an alkaline salt will remedy. The remedy has this one great advantage, that it is not toxic even in large doses, and any untoward occurrences from its use stop at once on its discontinuance.

The following is a partial summary of the uses to which this remarkable remedy has been successfully put:

In twenty-one cases of cystitis, with all the depressing symptoms to which this intractable disease gives rise, Urotropin has cured most and palliated the rest.

In three cases of pyelitis it was perfectly curative.

In every case of phosphaturia it was uniformly curative.

In cases of injudicious over-treatment of gonorrhea with alkalies the sufferers were promptly and quickly relieved by this remedy.

In cases of typhoid bacillus in the urine,

some of which were found many months after convalescence, and in one case after years, the remedy removed the trouble promptly. This fact teaches an unexpected danger of infection and, happily, how to avoid it.

It is doubtful whether any other of the newly-discovered remedies, whose name is legion, can supersede this one in the benefits it confers on both the patient and the physician. Not only is this remedy useful as above, but also as a prophylactic to disinfect the urine before surgical operations on the urinary organs. Think of curing an incipient cystitis without a catheter, and sparing the patient the miseries of catheter-life!

The remedy is of European origin and is handled by Schering & Glatz, 55 Maiden Lane, New York City.

STOMACH PUMPS.

Appliances used for the purpose above indicated are numerous and varied, and it is not my purpose to discuss them here but merely to call your attention to the fact, which is often lost sight of, that the stomach itself is a "pump" very often to its own detriment; and that every gagging action on the part of the patient works the pump. Don't forget this in dealing with bad cases of nausea and vomiting. Applying this thought in retrospect to many aggravating cases, you will see how readily the stomach itself keeps up its own trouble by pumping upward into itself from the duodenum that which should go downward *via naturalis*. Many illustrations might be given but I trust this will suffice to impress this most important point upon the mind of the reader.

PEROXIDE OF HYDROGEN IN CONJUNCTIVITIS.

Try it this way: Build a little wall of wax, or some non-irritating ointment that may be at hand, about the affected eye. Then having put a teaspoonful of Marchand's or other good peroxide into six of

warm water, not hot, instill into the eye until the whole area is flooded with the solution. Have the patient wink the eye vigorously and continue the treatment for some minutes. The oxidized pus will rise to the top and fresh solution will draw into the eye. An application of this kind repeated *pro re nata* will do more good than any other treatment with which the writer is familiar. Of course special cases require special treatment but this hits most of them and is worth remembering.

COLIC.

Most physicians when called to a case of colic think first of the hypodermic syringe and morphine, and I must confess that that was my first thought for years until I discovered or rather came upon a better way.

Twenty years ago or more Burggraeve told the medical world many great truths, resulting from his study of physiological therapeutics. Some of them were believed but more were disbelieved and disregarded. One of these which unfortunately has been largely disregarded is the one that I wish to mention.

The condition known as colic is accompanied by a spasm of the circular fibers of the intestine, and is usually accompanied by a corresponding dilation of the longitudinal fibers adjacent thereto. This is the condition whatever the cause may be, therefore what is more rational than to take measures to dilate the contracted circular fibers and contract or stimulate to normal activity the longitudinal fibers. This is promptly done by hyoscyamine and strychnine, one of each every fifteen to twenty minutes until effect.

At the same time of course hot fomentations should be applied to the abdomen and such measures should be taken as are necessary to remove the exciting cause. This may or may not be new to you but if it is it is well worth your thought.

Ravenswood Station, Chicago.



MISCELLANEOUS DEPARTMENT

The pages of this department are for you. Use them. Ask questions, answer questions and aid us in every way you can to fill it with helpfulness. Let all feel "at home." Make your reports brief, but do not sacrifice clearness to brevity. Say all that it is necessary to say to make your meaning plain and convey your ideas to others. We especially urge you to use the space set aside for "Condensed Queries" freely, and avoid burdening your Editors with private correspondence.

THE SEXUAL SERIES.

Editor Alkaloidal Clinic:

—As one who from his vocation and added circumstances has now for many years given much attention to the great problem of sex relationship, both from its moral and its hygienic standpoint, I take this opportunity of sincerely thanking you for the timely set of papers which you have published in your journal on this subject. The proper understanding of this question lies at the bottom of man's righteous happiness; while the ignorance and reticence so long prevalent lies equally at the bottom of a large part of the misery and profligacy in which society is sunk. Let us by all means have light on this question in such a manner that while it will in no sense tend to lower the natural standards of propriety, it will nevertheless be sufficiently plain that the most unenlightened may comprehend it.

I am sincerely glad that you so strongly dissented from "The Alethian View," of sexual hygiene, which appeared in your last issue. Little common sense is required to show how utterly astray is its writer. His doctrine supersedes even the teaching of his and equally our divine Master, since the latter distinctly intimated that all men do not possess the power to live continent (Matthew XIX, 2). Further the inference of this passage, taken in connection with Paul's teaching in I Cor. VII—2, 7, 17, and the history of the sexual problem in man, shows plainly that but few

men comparatively possess the ability to live singly and continent. And here I may answer the question so often debated in clerical circles, viz.: "Is the continent life the highest life for man?" and I answer without hesitation, No. Unfortunately the contrary belief has been accepted by many clever and good men, but, I maintain, solely owing to their ignorance touching the physical basis of love. Neither do these mistaken individuals appear to appreciate the slur they put upon the Almighty by their opinion in this matter, seeing that sexual attraction is the strongest of all the emotions that He Himself ordained that the human organism should possess.

At this point let me take one or two exceptions to Dr. Zeisler's otherwise excellent paper.

(1) It is not so much the duty of the medical adviser as it is of the pastor to teach both the married and the unmarried their duty touching the sexual impulse. Unfortunately the ordinary pastor knows little or nothing touching the physical side of love, and, consequently, is totally unfit to be its guide. Nevertheless, this lamentable fact does not show that he is *not* the proper guide. On the contrary the teacher whose duty it is to instruct in morality, and this surely is the pastor more than anyone else, should be capable of and should be looked to for giving instruction in sexual as well as other morality. I affirm, therefore, that the studies of students of divinity should include the physiology and psychology of sex.

(2) It does not follow that those who

are not ready to have children, are not ready to get married. If marriage were, as our Alethian friend maintains, only justifiable for the production of offspring, then Dr. Zeisler would be correct. But whatever it may have been at one time of the world's history, at the present time the most important result is the binding together of two hearts by a tie unequalled in the possibility of its indestructibility. The highest life which man can live is the married life, since human nature only becomes complete when the opposite sexes become united. Now this unity, while only probably resulting in offspring, should absolutely result in the quickening and permanent establishment of those endearments and joys only possible in the married state, a state in which alone the highest human happiness is possible. Marriage, therefore, should not be viewed as primarily for the increase of the human race, but, whilst this is today its secondary function, rather for the permanence of a loyalty and joy, a help and comfort only obtainable in the married state. A variety of considerations may warrant the non-begetting of children when marriage would be most proper in the eyes of both God and man.

(3) I am surprised that Dr. Zeisler should have recommended the condom (the male sheath), since its use is extremely injurious. There is a very simple preventive, easily procurable and absolutely uninjurious. A teaspoonful of quinine, mixed with two ounces of petroleum jelly, makes an ointment of which a piece about the size of an ordinary suppository may be inserted in the vagina upon retiring in the evening. With this no pessary is necessary, though for one's peace of mind as forming extra security, a pessary may be used at the same time. I have no, or little, faith in a pessary alone.

And now I come to perhaps the most vital point in the whole discussion, viz.: conjugal frauds. From a somewhat wide knowledge of this matter, I am convinced

of the truth of Acton's statement, supported by Warner and Napheys, that the majority of married women have no very great desire for the orgasm, or final ecstasy of coition, this matter troubling the male sex very much more than it does the female. I believe the pleasure as a rule which the wife experiences in this act is fully satisfied by the knowledge of the pleasure she is giving her husband, together with the enjoyment felt by simple contact, similar to the pleasure felt by stroking, combing the hair, etc. Which brings me to another important point:

Our Alethian friend spoke about the immense waste of vital essence in the marital act, and Dr. Belfield referred to the suffering of many men through sexual excess. Some little time ago the "Arena Publishing Co." issued a small book entitled "Zugassent's Di-covey." The secret was, how to obtain and enjoy all the benefits of coitus without the usual drain on the system. The method was simply to remain quiet after insertion, the pleasure received, while differing somewhat in character, being as intense as that derived by the ordinary method of copulation. Here there is no waste of semen on the part of the male, while the benefit to the system the next day is extraordinary. Dr. Zeisler hints that he knows of some method by which the pleasure of the female is increased in the sexual act. Much to the evident chagrin of some of your readers, including medical men, he was silent as to his method. I may here say that Zugassent's discovery, while of great benefit to the male, in most cases, when the female is in good health causes her to participate in the orgasm of coitus more often than she does by the ordinary method, which as a rule satisfies the man but not the woman.

Another point of much query is the number of times within a given period that coitus may healthily be indulged. I believe with Acton that with men of middle

age this should be about every eighth day; while Zugassent's discovery may be carried out with great pleasure and benefit to both parties once or perhaps twice between that time. I believe few men are aware in what an unpleasant and nervous state they often leave their wives from simply "looking out for themselves," to borrow a very apt expression from Dr. Zeisler. This of course should not be, forming as it undoubtedly does a far larger proportion in marital disagreements than has hitherto been imagined. As a rule the male completes the act before the female, who on account of the physical change in the male, very often fails to complete the act, and subsides into a state of great irritation, which in many cases results in disgust for the act. In Zugassent's discovery the male member remains erect for a much longer time, thus aiding the female, while causing no annoyance, but rather contrariwise, to the male.

Having been a member of two English committees where most of these questions were debated, I shall be pleased to answer anyone desiring further information, but only through the columns of your journal, or in reply to letters sent through you.

CELRICO-MEDICUS.

—:O:—

We must express our gratification at the way in which our position in this matter has been comprehended and approved by a minister, who (strange circumstance) has given the matter thought and knows what he is talking about.—ED.

A CORRECTION.

Editor Alkaloidal Clinic:—Please call the reader's attention to the following correction: On p. 427, right col., line 8 from top, July CLINIC, reads "gnostic" instead of "agnostic." The Latin "sciencia" is equal to the Greek "gnosis," and I regard the modern Christian scientists so miscalled as a revival of the ancient Christian gnostics.

DR. EPSTEIN.

THE SEXUAL QUESTION.

Editor Alkaloidal Clinic:—I am well pleased with THE ALKALOIDAL CLINIC. I also would like all your reprints on Sexual Hygiene. "Whoever hesitates to utter that which he believes to be the highest truth, lest it should be too far in advance at the time, may reassure himself by looking at his acts from an impersonal point of view. He should remember that opinion is the agency which adapts external influence to itself; it is a unit of force constituting with other such units the power which works our social changes, and he will see that he can give full utterance to his convictions, leaving it to produce what it may. Man, with all his beliefs, his aspirations and capabilities, is not an accident but a product of time; he should remember that while he is an offspring of the past, he is also a parent of the future, and his thoughts are as children born to him, which he may not carelessly let die."

Last year I gave a lecture to the medical students of Louisville on the "Sexual Question." This is a subject that is not often reported to medical societies, and discussed by them; and why? What profession must understand the Sexual Question more than our profession? The time has come when we must study such cases. The sexual instinct and gratification are becoming more developed and on the increase. Who should be the adviser in such cases? No one can doubt it is the physician.

It is truly said that medicine is based upon truth, while law is one of man's most infernal inventions, and is based upon the ignorance of former ages; and this is the reason why the lawyer so persistently antagonizes the medical expert in the courtroom. The jurist sees nothing but crime in the act of the sexual pervert, the dipsomaniac, the nymphomaniac, or the whole class, male and female, who apart from the

pairs sanctioned by the church, gratify their normal genic instincts; and he seeks to soundly punish the victims. On the other hand, the same acts are but the various forms of disease in the eye of the pathologist, and demand skilled treatment and care on his part, or the part of those having a knowledge of such maladies.

Also during my lecture I tried to make clear these few facts: That a great majority of the laity do not know how to arouse a woman's passion, and how to perform sexual intercourse in the highest form. When a man becomes passionate, as a rule, he is nothing but an animal. A woman never is. There is a finer principle in a woman. She is of a finer organization. A man's love is more inclined toward passion. He may love his wife devotedly, but if she does not satisfy his animal passion, he will go outside of the family to have it satisfied. Unsatisfied passion causes more divorces than any other one thing. And often is the husband to blame, as he does not know how to raise his wife's passion. A wife's love is more pure, although she may be very passionate, but the gratification of that passion is secondary with her love. Pure love, affection and tenderness, is first with her. If a husband shows the wife that he loves her more for the gratification of his passion than as a helpmate, he will usually lose the respect of the wife.

The act of sexual intercourse is not primarily viewed in the mind of man or woman as a means of procreation; but rather as the closest, highest, the most intimate embrace and demonstration of love and devotion possible to human nature, and dependant for its purity upon its motive. This point of view neither contemplates nor justifies the mere gratification of passion in a physical sense, the physical sexual pleasure, for that is the motive of the mere sensualist and debauchee. It is based, rather, on the natural individual instincts that attract one man to one woman

wholly and entirely in all relations, mental, emotional and physical.

WALTER B. GOSSETT, M. D.
Instructor in Obstetrics, Louisville Medical College, Louisville, Ky.

—:O:—

And the man who knows not this attraction for one woman alone out of all the world, making the idea of sexual union with any other repugnant to him, has missed the finest, purest happiness this world has to give.—ED.

SEXUAL FRAUDS.

Editor Alkaloidal Clinic:—The greatest frauds that have come to my notice are the articles entitled "Sexual Hygiene" in the CLINIC. As Dr. West very tersely expresses it, they say "practically nothing". They remind one of Josh Billings' lecture on milk. He drank a glass of milk and then delivered his lecture without any allusion to milk whatever. Dr. Zeisler must have had Eastman's rule for advertising in mind: "Excite curiosity but never satisfy". He gives one to understand that he knows a thing or two, but does not propose that the reader shall be made any the wiser for it. From his remarks the reader must infer that it was essential for the wife to have sexual enjoyment in order to become pregnant, but such is not the fact, else the population of the world would have been much less than it is. It may not be nice to discuss these topics, but if the physician knows nothing about them how can he give intelligent advice when consulted? Don't loan your journals, or leave on the office table.

S. O. SMITH, M. D.
University Place, Kas.

—:O:—

The need for more definite instruction in these topics has been forcibly brought to the CLINIC by many letters, of which the above is a sample. We may again remark that the editors did not write the articles

in question, but gave them as delivered at the meeting. The information desired, however, we have endeavored to supply from other sources, and as far as is practicable in a journal the present issue gives it.—ED.

TYPHOID FEVER. DIPHTHERIA.

Editor Alkaloidal Clinic:—I presume it is the experience of recent converts you desire, and especially gratifying is it when that convert has been plodding for nearly 25 years in the old, orthodox rut.

I will give you a small portion of recent experience with alkaloidal therapeutics.

Case 1. Albert Spreeman, German, age 12. I was called to see him on the afternoon of the fifth day of his illness; found temperature 102°, pulse 120; pain in head, back and limbs; tongue furred, with a smooth, dry band in the center; anorexia, right iliac region distended and very painful; gall-bladder greatly distended with bile, and showing through the abdominal walls the size of a hen's egg. I diagnosed impaction of ascending colon.

When the enemy is in front a good officer sends out a skirmish line first before he engages the main body, and so I did.

I began with calomel, gr. $\frac{1}{6}$ every half-hour, and strychnine arsenate six granules every two hours, to start the muscular coat of the intestines; also an enema of two quarts of warm soapy water every half-hour till four had been given. I then began to get results, starting the mass above the sigmoid flexure. This part of the colon was so filled that I could not use my long rectal tube. I now started in on seidlitz salt, one teaspoonful in water every hour.

Whew! What an odor! It was not like June roses I can assure you. Four large evacuations followed rapidly, with relief to a certain extent of the pain in the right side. (I staid right by the patient and did everything myself.) I left him for about an hour to rest up, and upon my return

was satisfied that more was in the colon, so repeated the former treatment. Sure enough, I obtained more than at first. The distended gall-bladder had disappeared. I kept up the seidlitz salt until no more fecal matter came away. I then gave W-A Intestinal Antiseptic, two tablets dissolved in hot water every two hours; aconitine, thirteen granules, to twenty-four teaspoonfuls, one teaspoonful every half-hour, till there was general moisture of the body-surface.

I suspected a typhoid condition present from auto-infection. The following morning the temperature was 101°, pulse 90, tongue moist and clearing up. Continued aconitine as before; in addition strychnine arsenate, four granules every hour, and zinc sulphocarbolate, four granules every two hours. At 6 p. m. temperature 102°, pulse 110, bowels tympanitic and very tender. Changed for Dosimetric trinity No. 1, one granule every hour till body became moist, which occurred after four doses. Gave five drops turpentine and applied the same to the abdomen by hot moist cloths. This produced perfect quiet and he had a good refreshing sleep.

Upon my third visit I found a numerous crop of the characteristic eruption. I now felt sure, as his tongue began to become furred and dry, temperature 100°. I gave another course of calomel, gr. $\frac{1}{6}$, every hour till six were taken, followed by seidlitz salt. This gave relief at once. Resumed aconitine for the forenoon and Dosimetric trinity for the afternoon from now till recovery. In addition gave zinc sulphocarbolate four granules every two hours, which limited the stools to four for the 24 hours. As these frequent stools did not seem to have a deleterious effect, I did not meddle with them. Strychnine arsenate, six granules every four hours; nuclein, one granule every four hours. Never, save in one instance, while absent on a case of confinement and he was out of medicine, did I allow his fever to go above 101°. This day

he was without fever medicine for seven hours and his temperature reached 103.5°.

His urine became more and more clear from day to day; fever gradually on the decline till the 20th day of his illness, when his temperature was normal, appetite good. He took four large goblets of fresh, cool milk every 24 hours. The 21st day, in spite of warnings given him regarding a possible hemorrhage of the bowels, he sat up in a rocker the greater part of the day, and in four days was walking about. No period of convalescence.

This is so different from what it used to be. No opiates, no delirium, no tying up the bowels to limit peristalsis, no watching the patient and treating symptoms as they present, *but treatment to prevent the symptoms developing.*

Case 2. Minnie Klinesmidt, age 4½ years. Was called to see her in the country on the fourth day of illness. Upon entering the first room of the house, I detected the characteristic odor of diphtheria. I could examine her with difficulty. She was sitting upon the floor (she would not stay in bed) with her playthings. There was a sub-mastoid swelling pushing the lobe of the right ear at right angles to the face. Her countenance was bad indeed. The right tonsil was a deep red and the upper portion was covered by an exudation the size of a half dollar, and extending over a portion of the soft palate and into the right nostril. I lost no time in sending out a skirmish line. Calomel, gr. ⅙ every half-hour, and in two hours followed by a teaspoonful of seidlitz salt, till her bowels moved; followed by zinc sulphocarbonate, two granules every hour, and calcium sulphide, four granules every hour; aconitine for fever, six granules to twenty-four teaspoonfuls of water; a teaspoonful every hour till skin became moist. I was unable to take her temperature, she fought so hard I was afraid to weaken her. Strychnine arsenate, gr. 1-134, three granules, and nuclein, one granule every three hours;

and gave her all the nourishment possible. At my next morning visit her pulse was 110, instead 140 as the day before; the tonsil not one-half so red; the exudation not increased but becoming detached about the edges; had some appetite. Ordered the treatment continued.

The third morning visit, exudation has entirely disappeared, tonsil bright red, she eats well but is very weak and looks badly. Her tongue has transverse fissures to near the tip. Ordered a half teaspoonful seidlitz salt to keep bowels open and left her upon calcium sulphide, six granules, strychnine arsenate, six granules, every six hours; and nuclein, one granule three times a day. She made an uneventful recovery.

Now this may have been according to Osler *glandular fever*, but it corresponds to diphtheria as I have found it in over three hundred cases during twenty-five years' practice. Of course the microscope would be infallible evidence.

Success to the alkaloidal form of treatment. It is a pleasure to use it. My confidence in medicine is rapidly returning.

Chas. H. Reed, M. D.

Afton, Minn.

—:O:—

Even with the too small doses the superiority of the new therapy is apparent. Push the sulphocarbonates and sulphides, Doctor, they are safe and sure.—Ed.

FOR DR. VAN ARSDALE.

Editor Alkaloidal Clinic:—In your diagnosis of the spinal case, on page 469, July CLINIC—is it not locomotor ataxia? If Dr. Van Arsdale will get some lead iodide, new crystals by precipitation, make a tincture and give three to five drops, as hot as necessary, it will relieve the severe pain. This is a new remedy and I only know of two or three cases that have used it, but the benefit has been marked.

S. W. HUSTON, M. D.

Warners, N. Y.

CATARRHAL PNEUMONIA.

Editor Alkaloidal Clinic:—Will you please send me the reprints of the article on "Sexual Hygiene" back of April if you have them. I am intensely interested in the discussion of this very important question. I think if we doctors knew more ourselves about this subject and would be philanthropic enough to impart a little of our knowledge to our patients, we would come more nearly doing our duty toward them by warning them of the evil consequences of the reckless violation of hygienic laws, than we can possibly hope to do with "physic" after the evil effect is already produced. As I was not a subscriber for the CLINIC until April I have missed the articles back of that date.

I wish to say for the CLINIC: It is indeed a great treat to me, and *always* helpful; not a day passes already but I find myself practising some precept suggested by someone through the medium of the CLINIC. I read it evenings at home, and my wife dreads to see it arrive, for she knows I will not retire that night until every page is carefully read, digested, and notes made of every new idea suggested that may be of future use to me.

At the same time I notice that every time I lay it down for a moment she promptly picks it up and reads it herself, and declares it more interesting (if such a thing is possible) than her well-beloved *Ladies' Home Journal*.

The morning I received the little premium pocket case of alkaloidal granules—before I had posted myself on what it contained or "brushed up" on dosage, and before I had seen the "aconitine rule"—I was called to see a little girl four years old who had lately recovered from a severe bronchitis. I found her with all the characteristic symptoms of lobular pneumonia, and after my experience with her in the recent attack of bronchitis I was fearful as to prognosis, and so expressed myself to

the parents; but was really somewhat pleased to have this early opportunity to test the virtue of my little pills.

I prescribed aconitine (amor.) gr. 1-134 and calomel gr. 1-12, one tablet each, every hour for fever and inflammation, and syrup of ipecac as an expectorant, with a warm mush poultice over the entire chest, to be renewed every hour. At three o'clock p. m. I found all symptoms about the same, except that she was perspiring profusely, temperature nearly two degrees lower and child slightly more comfortable. Ordered treatment continued all night, with the addition of quinine arsenate gr. 1-67 with each dose of aconitine, and lightened the time of administration to every two hours.

The directions were faithfully followed until about midnight, when a "Christian Science" neighbor-lady, who had come in to "sit up", in the kindness of her heart told the mother to lie down and take a nap, and she would take care of the patient. Some time near morning she arose, and upon entering the sick-room found the mush poultice on the floor, and that not a dose of medicine had been given while she slept, and the child's breast covered simply with a thin muslin gown and undershirt, while the night was cool and frosty, after a warm day, and no fire in the room.

Well, I will not repeat what the parents said to me upon my arrival in the morning, and I *know* you would not care to hear what I said; but the patient was much better; temperature almost normal; respiration, extremely difficult the day before, was now greatly improved, and I realized at once that I had won the battle, in spite of the alarming onset of the disease, and the officiousness of my "Christian Science" nurse.

The rest of the story you know without my telling you. The next day I dismissed the case, leaving a few more granules of quinine arsenate to be given four times a day.

This was my first experience with your method, and I would gladly have you criticize it as you see fit. I wish to become thoroughly familiar with the alkaloidal method as I now have a little stock of the principal remedies and am using them every day, to my own satisfaction and the good of the patients.

A favorite prescription with me, and one which has never failed me as an intestinal antiseptic, especially in chronic catarrhal enteritis, is as follows: Salol gr. v, bismuth subnitrate gr. v; in one capsule. Directions: One three or four times daily. I also use it with good results in fermentive diarrheas of infants and children, in appropriate doses.

I write this to ask you if this would not make a popular tablet. I have always hesitated to have it made in that form, fearing that it might be objectionable on account of the size of the tablet, and also because I have found salol tablets unreliable as to solubility.

B. S.

—, Kans.

—:O:—

We believe the calomel was unnecessary, and would have given emetin instead of ipecac. The combination of salol and bismuth is a good one. Our reasons for preferring the sulphocarbolates are: (1) They are very much cheaper. (2) They are at least equally efficient, and we believe more so. (3) They may be given in any required dose and do not cause hemoglobinuria. Large doses of salol are liable to do this. In case of urine infected with microorganisms we prefer salol.—Ed.

WHAT IS IT?

Editor Alkaloidal Clinic:—I presume it is the fate of every practitioner to some time run up against something that "sticks" him diagnostically. That is exactly my present position, and in hope of getting help from the most helpful of journals, the CLINIC, I appeal to its able editors and many thousands of attentive readers to

throw some light on the stormy pathway of a backwoods brother.

J. R. C., age twenty-nine, railroad laborer, was taken ill June 10. June 14 Dr. Ware pronounced his case measles. Four days later I found the temperature 103.8°, pulse full and bounding, some temporal headache, cough, and anorexia. Most striking of all was the eruption, now vesicular, filled with serum, *not* umbilicated.

June 20 he was removed to Hospital No. 2 of which I had charge, and I summoned Dr. Briley, Chief Surgeon, to assist me in diagnosing the case. He, like myself, was unable to give it a name, but agreed that it was not variola.

At that time most of the vesicles, some of which were confluent and almost the size of a pea, were becoming pustular, the pus being probably caused by the staphylococcus albus, of the epidermidis type. Temperature 101.2°, persistent cough, appetite good, slept perfectly. June 26, pustules drying up, but on different parts are yet vesicles filled with this serous fluid. On his right leg is an ulcer caused by rhus tox, which had been treated by lead water and opium, but did not heal.

I was compelled to treat this case on general principles. I reduced the fever with aconitine, secured intestinal antiseptics with zinc sulphocarbolate, gr. 40 *per diem*, and promoted elimination of pus with calcium sulphide.

No mere pen scratch can convey an intelligent idea of the appearance of this man when I first saw him. And I, who am not authority on skin diseases, felt inclined to fumigate myself, go home, and resign. I am anxious to know what I have on hands.

C. S. Moody, M. D.

Ass't Surgeon Clearwater Short Line R. R.
Orofino, Idaho.

—:O:—

Varioloid, varicella, impetigo, or rhus? Inoculate with the pus and find out; or send some for examination.—Ed.

SEPTIC MENINGITIS FOLLOWING LABOR.

Editor Alkaloidal Clinic:—It has been my experience during the past seven years to have had a number of unusually compli-



G. COSTIGAN.

cated obstetrical cases; such as two cases of head-to-head locked twins, two of pulmonary embolism, two of imperforate anus with breech presentation and abnormally swollen abdomens, rendering the labor extremely difficult; one death of mother after labor had commenced, due to pneumonia and before birth of child; two cases of placenta previa, and others not so unusually complicated. But the one herein described presents such a varied chapter in itself of unusual obstetrical complications, that a complete history of the case I am sure will prove extremely interesting and instructive to your readers.

Mrs. X was first seen by me in a professional capacity under the following circumstances: I was hurriedly called to her bedside about five years ago and found her attending physician well-nigh exhausted after a four hours' struggle.

He hastily sent for the first doctor that could be found. His summons was answered by four medical men including myself. Patient was lying on bed with a child all born but the head. It was dead. Traction on body and with forceps applied to aftercoming head made no progress whatever. Abdominal palpation and digital examination confirmed diagnosis of twins.

Having a somewhat smaller hand than my medical friends I succeeded in disengaging the interlocking heads. The second child was born alive. Perineum and sphincter were completely torn through and were immediately repaired.

The case was turned over to me by the physician in charge, who lived an unusually long distance away.

Patient made a good recovery requiring nothing but catheterization up to the seventh day.

The child died when a month old, from malnutrition and marasmus.

Patient consulted me eighteen months after and engaged me to confine her.

This time labor lasted twenty-four hours. Head was presenting and reached the sacropubic plane and remained there notwithstanding extremely strong uterine contractions.

I applied forceps and after an extended period of unsuccessful forceps traction efforts, performed version and had no trouble until aftercoming head reached the plane again, when same trouble was experienced. The child was eventually extricated dead. Contraction of pelvic brim was diagnosed. Perineum was again ruptured and repaired.

Patient made a good recovery and called on me a month after her labor stating to me that she had been troubled with her rectum ever since the birth of the twins and that now she was resolved to have it remedied.

An examination disclosed a recto-vaginal fistula about an inch from external opening of sphincter and extending diagonally upwards and inwards about two inches until it opened into vagina.

I advised operative interference which was followed, and a repair of fistula and perineorrhaphy was performed. The perineorrhaphy was successful but fistula remained patent. A request for a second attempt at repair was refused.

A year after, this patient had a miscarriage at four months, and fearing infection from fistula a rigid antiseptic regime was kept up until patient recovered.

Eighteen months after the miscarriage, patient engaged me to again confine her.

When I was called to see her this time I allowed the labor to continue naturally until the brim was reached, when the pains

seemed no longer to be able to push the head. I then applied forceps and delivered a child with a very much elongated pineapple head, almost asphyxiated.

After an hour's work at artificial respiration my efforts were rewarded with a living child, which survived for three days on a respiration of fifteen to the minute.

Mother was put under a strict antiseptic regime and made very good progress until the tenth day when tympanites appeared without chill or temperature.

This condition was completely relieved by rectal injections of soap and water. It reappeared on the fourteenth day and was as successfully removed by same treatment.

On the sixteenth day an internal strabismus appeared.

I sought consultation, and a diagnosis of septic meningitis was made.

Strabismus and horizontal nystagmus appeared on twentieth day, with rise in temperature to 102.2°. Mild delirium set in and intervals of semi-stupor became frequent. Cheyne - Stokes respiration started on twentieth day, and intervals of consciousness became very brief. This condition lasted until twenty-sixth day, when patient died.

Before meningeal symptoms set in patient had creolin injections and the following tonic: Quinine sulph., 3.0; Hemoferum, 3.0; strychnine sulph., 0.01; made into ten capsules.

After meningeal symptoms set in she was placed on: Potass. iodide, 0.3; spar-teine sulph., 0.01; aq. menth. pip., 4.0. To be taken every four hours. This treatment continued until the end.

GREGORY COSTIGAN, M. D.

New York.

—:O:—

Surely that woman would have been justified in taking means to prevent conception after the first ordeal. What would have been the result had she been saturated with calcium sulphide and nuclein?—ED.

HYPERACIDITY.

Editor Alkaloidal Clinic:—By a long series of chemical examinations of the stomach-contents after test meals, I find that about 60 per cent of all stomach cases coming under my observation suffer from hyperpepsia and hyperesthesia of the stomach. Which is cause or which effect, I am unable to say; whether the hyperesthesia causes the increased secretion of acid, or the acid the hyperesthesia. But be that as it may, I find this condition of hyperacidity (caused by over-secretion, not fermentation) one of the hardest conditions to relieve in all the perplexing problems which come to the general practitioner. I find that pepsin, pancreatin and every other digestive ferment is highly irritating to these stomachs, as are also most of the anti-ferments. Meat, milk and fats are very aggravating to all, and in cases accompanied by gastric catarrh, sugars, excepting pure honey and pure maple sugar, are very irritating by their acid reaction and their activity in causing fermentation. These cases soon develop bowel indigestion, as the large quantities of free hydrochloric acid prevent starch digestion.

Now then, what I want is help with this class of cases; if there is any help in therapeutics. I can get no help from Ewald, Einhorn or any other great writer, and to bring the acid down to normal by diet alone is a slow and tiresome course, and one which not one patient in five will follow to a cure. I get more good, hard, sensible suggestions from the CLINIC, through and from its editors and family, than from all the textbooks on earth, and I want to hear from some one who is further along the line than I. I did not mention that the alkalies all aggravate this class of cases, as you have all found that out.

Lewis M. Coon, M. D.

Arion, Iowa.

—:O:—

Feed the patient on lean ham, dried beef, smoked tongue and similar articles requir-

ing long digestion. Relieve the condition by a combination of manganese black oxide, cerium oxalate, bismuth salicylate and sodium carbonate, in small and frequent doses, with a medium dose of nitric acid before each meal.—Ed.

DR. HILL'S CASE OF RENAL CALCULI.

Editor Alkaloidal Clinic:—I have read and re-read Dr. Hill's report of his case of Renal Calculi. But it is beyond my widest stretch of imagination to be able to agree with him as regards his diagnosis from the symptoms and treatment he outlines.

I cannot find a single symptom that would warrant a diagnosis of renal calculi. Nothing is mentioned about the urine, except that it was loaded with uric acid and phosphates; a condition of the urine which is practically of no diagnostic value without other symptoms to back it up. Uric acid and phosphates may be found in a great many conditions other than renal calculi. Yet Dr. Hill calls his case one of renal calculi in spite of the fact that all the symptoms he outlines point to the gall-bladder, such as constipation, hard light colored stools, flatulency, constriction in the epigastrium, derangement of peristalsis, all of which are almost pathognomonic symptoms of disturbance of biliary function.

After large doses of physics, the bowels were moved accompanied by scybala, wind, water, tenesmus and concomitant phenomenal incidents. Not a single renal symptom in whole list. Where is the treatment for renal calculi? All efforts were directed to the stomach, intestines and gall-bladder, yet it is called a case of renal calculi. It is my humble opinion that Dr. Hill's case is one of fibroid contraction of the ductus communis choledochus, due to extension of the chronic catarrhal process from the stomach and intestines, as it is a well-known fact that chronic gastric catarrh or chronic intestinal catarrh sooner or later

involves the gall-bladder. The result of a chronic inflammation is always an increase of connective tissue, with its concomitant contraction.

Let me know your opinion of the case. I don't claim to be right, I am only airing my own opinions, a privilege extended to all readers of the CLINIC.

S. Clifford Boston, M. D.

West Grove, Pa.

—:O:—

As Dr. Hill's paper criticized his conferees we left it to our readers. Free speech is our rule, limited by professional courtesy.—Ed.

CROUP.

Editor Alkaloidal Clinic:—The accompanying records are taken from a number of cases of croup coming under my observation during the past winter and spring, all of which were successfully treated with the brown iodide of calcium reinforced by the alkaloids.

Case No. 1. Annie Way, aged 6, under treatment one day for the croup when I was called. Pulse 150, temperature 100°; all symptoms of membranous croup present.

Treatment consisted of calcium iodide gr. $\frac{1}{3}$, one tablet dissolved in one-fourth of a glass of hot water and given every fifteen minutes until effect; tincture of bryonia, one minim every two hours; aconitine and digitalin, seven granules each in twenty-four teaspoonfuls of water, one teaspoonful every twenty minutes.

Two hours later found the little sufferer in a refreshing sleep. After the fifth dose the membrane seemed to melt away, and the child vomited, throwing off a quantity of stringy mucus. She experienced a rapid and uneventful recovery.

Case No. 2. Eddie Mc A., four years of age, had been croupy all night. While getting out of my buggy at the door I could hear the shrill whistling inspiration

of the patient, and upon entering the room found him in a paroxysm of spasm of the glottis. I began at once to administer calcium iodide, one tablet dissolved in one-fourth glass of water, every ten minutes, with a cold compress about the throat. In about an hour my patient had a violent paroxysm of coughing followed by vomiting, and dislodged a number of pieces of membrane. I repeated the bryonia, also aconitine combined with brucine in this case, and upon my two subsequent calls found a marked improvement, progressing to a rapid recovery.

WALTER D. SHURLEFF, M. D.

N. Carver, Mass.

—:O:—

The evidence in favor of brown calcium iodide seems pretty one-sided. It is hardly possible that all these good men and true are mistaken.—Ed.

AN IMPORTANT POINT.

Editor Alkaloidal Clinic:—I like the CLINIC and the alkaloidal method of medication, and prefer the granules to the tablets. The great trouble with me is to make the people think that a little box or vial with thirty doses of pills in it, the size of the "little fellows," is worth the price (75 cents to \$1.00) I get for a four-ounce bottle with thirty doses in it.

DR. C. A. A.

—, Wisconsin.

—:O:—

Put the granules in a four-ounce bottle of water, color with carmine and sweeten with saccharin. You are perfectly right in your opinion of granules versus tablets. They are pleasanter to use, more stable, and are perfectly and more promptly soluble in and out of the stomach than the tablets, although the tablets are preferable for use in very damp moist climates. Thank you for your kind words regarding the CLINIC and our businesslike way of doing business. Little things of this kind are great helps.

You are at fault I see in one thing. You allow your people to measure the justness of your course by the amount of medicine you give them. This is wrong. Get them out of that habit as quickly as possible. *Charge for brains and give medicine.*

Change your office sign to read "Office Consultations Cash—\$1.00 to \$10.00."—Ed.

ALKALOIDAL GRANULES.

Editor Alkaloidal Clinic:—As I become better acquainted with the alkaloidal granules, and have more opportunity to use them, I am correspondingly more pleased. Indeed, I am getting enthusiastic in regard to the method. It is a pleasure to prescribe them and my patients take them with such ease that once having taken them the old forms of medicine will scarcely be endured. The aged smile at them and the children cry for them. My own little baby, less than two years old, takes them and cries for more pills.

Abbott's Saline Laxative is a medicinal delicacy. Young ladies take it as if it were soda water. I wish that we had a quick, active cathartic that could be carried in the pocket case.

Kindly forward sample pages of Dr. Waugh's book, "The Treatment of the Sick." Does it contain anything special pertaining to the treatment of children? Are not the Burgrgrave books a little old? The "Manual of Treatment," by Dr. Waugh, is astonishingly full of suggestions. Shaller's Guide is a very helpful book.

J. R. H., M. D.

Washington, D. C.

—:O:—

Sample pages of Dr. Waugh's book go forward under another cover and we trust this mailing will result in an order from you. It is a very valuable book, giving the latest ideas in regard to the treatment of disease, both in children and adults. The Burgrgrave books are old, but truth never dies. Shaller's Guide is "all right";

a statement with which thousands of our readers will concur.

Podophyllin and podophyllotoxin are both desirable laxatives, cathartic in good doses, and so also is elaterium, which is, as you know, even more prompt and thorough in its effect, while chemically pure calomel very often fills the bill. These may all be accommodated in a pocket case. Doctor, let us hear from you again.—ED.

THE NEW VS. THE OLD.

Editor Alkaloidal Clinic:—I have just fixed up a cholera-infantum baby, following your suggestion, giving aromatic calomel and zinc sulphocarbolate. An "old-timer" had the baby on turpentine, etc., and it was growing worse rapidly, but it responded promptly to the more modern treatment.

DR. C. H.

——, Nebraska.

CAN'T SCRAP-BOOK THE CLINIC.

DEAR DR. ABBOTT:—There is a great drawback to that CLINIC of yours. Suppose one is accustomed to cutting out of medical journals for a scrap-book. Most every paper has one or more good things, sometimes none. Now the CLINIC will have a good article, say on pneumonia, and right over the page another on something else just as good; and so one has to use up a lot of time in deciding which to have up and which to paste down.

DR. H. L. DWIGHT.

New Bedford, Mass.

—:O:—

The best thing you can do is to send us 35 cts. for a binder and keep them altogether in nice shape. Then when the index comes with your December number, stand a nice looking volume on your book-shelf where you can find more good things than you can in a similar space anywhere else.—ED.

NUCLEIN MEDICATION.

Editor Alkaloidal Clinic:—I think the possibilities of nuclein are great, but the indications for its use are not sufficiently clear to the uninitiated. Suppose you put a short article, clear and to the point, in the CLINIC; and tell us when to use it, how to use it, and what to expect from its use.

What are the most salient and visible effects of the medicament in remedial doses, and what would be the effect of an overdose?

Are the symptoms of the disease for which it is given exaggerated or apparently increased under its use, as with some other remedies, prior to the good effects ultimately expected?

Lastly, how long should it be continued before we yield in despair that no good can be hoped for it in any given case?

JAS. EUGENE BELL, M. D.

Elberton, Ga.

—:O:—

A communication addressed to the Editor of the CLINIC and referred to the writer contains the following queries which are answered seriatim:

1. When should nuclein be used?

Nuclein should be used in all instances where there is a disordered condition of the blood. Thus, in anemic conditions with a diminished number of red corpuscles and a lessened percentage of hemoglobin, or when the blood or tissues of the system contain bacteria or their products, as in the case of typhoid fever, malaria, yellow fever, tubercular infection, cholera, diphtheria, etc., and also in the so-called infectious diseases such as scarlet fever and measles. It should also be used in all debilitated conditions of the system, notably that arising from age and during the period of convalescence. It should be stated here that in cases where nuclein constitutes a factor in the treatment of disease, there is no period of lingering convalescence.

2. How should nuclein be used?

Nuclein should be used hypodermically,

preferably in the form of a medicinal solution, ten to twenty minims either alone or diluted with a small quantity of sterilized or boiled water. The ordinary hypodermic syringe may be used under strictly antiseptic precautions, the injection being deposited in the subcutaneous cellular tissues at some indifferent point. The writer prefers the intrascapular region.

Where the hypodermic method is not available, the best results are still attained by the use of the medicinal solution. A prescription can be written calling for some unobjectionable liquid as a vehicle, such as a light wine; the official elixir Curacao is an excellent adjuvant in the case of elderly persons, the dose being ten minims to a dram of the elixir three times daily.

In the case of children and persons suffering from self-limited ailments like measles or tonsillitis, tablets or granules may be used, the dose being one or two tablets every hour or every two hours until the disorder is brought under control, when the interval should be lengthened.

3. What shall we expect from the use of nuclein?

According to the character and stage of the disease for which it is administered, we may reasonably expect an amelioration of the symptoms which the remedy is calculated to control. Thus, in tonsillitis, we shall have an abatement of the distressing subjective symptoms in the course of a few hours; in bronchitis, unless the tissues are much relaxed, the cough and free expectoration will subside usually during the first twenty-four hours; in malaria, the subjective sensations of the patient warn him of his improvement within a few days, while the general appearance confirms the belief; in diphtheria the benefits are fully manifested at the end of the first twenty-four hours; in typhoid fever the temperature record of the fourth or fifth day confirms the announcement of the patient at the end of the first twenty-four hours, that he feels better; in first and second stage of

tubercular infection, marked improvement is perceptible to both physician and patient within a week, all the symptoms being ameliorated.

(a) What are the most salient and visible effects?

The most salient and visible effects are the change in the subjective sensations of the patient and the general expression indicating a restoration of the nervous equilibrium. This is well illustrated in the case of the diseases mentioned above, but we have further evidence in the range of the thermometer, the condition of the pulse and respiration, the blood-count, and last but not least the leucocytosis established.

(b) What are the effects of an overdose?

Of course, this remedy being non-toxic, there can be no more evidence of overdose than would result from the injection of an overdose of extract of malt. Still, I do not advocate large doses, for the reason that it might produce an effect similar to that following the long-continued use of artificial digestants, like pepsin and pancreatin. This, however, is not likely.

4. What are the effects as regards symptoms of disease?

In addition to the question already stated, the correspondent asks: "Are the symptoms of the disease for which it is given exaggerated or apparently increased under its use, as with some other remedies, prior to the good effects ultimately expected?" In reply to this query it will be stating the condition fairly by saying that the symptoms of the disease subside as in the case of lysis, there being no "critical discharges."

5. How long should nuclein medication be continued?

The time during which medication should be continued will depend on conditions present, and whether the disease is acute or chronic. In tonsillitis, for example, medication may be discontinued at the end of the first twenty-four hours. If

the patient be a robust hearty subject and is discreet in his eating, no further treatment is demanded. In the case of tuberculosis in the first stage, when the patient is young and in comparatively good flesh; a month's treatment will suffice to produce an apparent cure, but the actual condition must be determined by the microscope.

But our correspondent wants to find out how long treatment should be continued in any given case before relinquishing it for some other treatment. This is an important point to understand. In the use of digitalis, it has been found that this drug exercises no influence over the pulse-rate when the temperature reaches a certain limit, and yet digitalis is recognized as our most popular cardiac regulator. Under the conditions stated, where nuclein medication absolutely failed to produce the desired effects, I should be inclined to look for a cause or causes likely to lead to such untoward action. If the temperature is too high, it would be policy to reduce it; if the pulse-rate is accelerated, I would recommend the employment of arterial sedatives; if the cause was presumed to exist in the digestive apparatus, I should take every precaution to have it eliminated; and especially would I give particular attention to the condition of the liver. As in the case of other machinery, we must exercise due care in the management of the human machine; the belts must be kept tight enough to avoid the complications incident to lost motion; but the bearings must be kept well oiled and the foundation firm; else we shall have a "hot-box."

JOHN AULDE, M. D.

Philadelphia, Pa.

NUCLEIN.

Editor Alkaloidal Clinic:—Dr. Lydia Stockwell, of Kansas, has written to me as follows: "In the July CLINIC, in speaking of Nuclein for Phthisis, you say you treated it by nuclein hypodermically. Why hypo-

dermically? Is it not as well dissolved on the tongue? If best hypodermically, how much and how often?"

Nuclein is a product prepared by and elaborated in the living animal body. To obtain the best results it should be deposited in the subcutaneous connective tissue, at least 24 drops, diluted in twice the quantity of water which has been boiled and subsequently cooled to below 90° once daily.

Some one will soon ascertain that the so-called connective tissues of our bodies are a very active base of leucocytic supplies. Here is a field for a Robinson to achieve further renown.

JAMES BURKE, M. D.

Appleton, Wis.

MATERNAL IMPRESSIONS.

Editor Alkaloidal Clinic:—I have just seen Dr. Coleman's letter in your July number on the subject of Mr. Bayer's book: "Maternal Impressions." While this subject may have been previously adequately noticed in your excellent journal, I feel moved to utter a protest against Mr. Bayer's book being considered of any value.

In so far as any one can collect any connected or definite theory from the book, he seems to be trying to show that the origin of individual variations is some especially strong impression made on the mind of the mother during pregnancy. To prove this theory, he reports a number of cases, most of them statements of untrained observers, both of effects and the assigned causes, and none of them showing sufficient facts on which to base a reasonable theory, as to the cause of the stated conditions.

A type of all his cases is the one on page 147, of the birth of a blind child. To this circumstance the author assigns as a cause that the mother within a year had visited a blind asylum, and been impressed with the persons she saw there. There is no hint

of any investigation as to whether or not the birth of the child blind was due to any known physical cause. For anything we can gather from the report such cause may have existed.

Whatever else there is in the book is merely argument that no other theory exists of the origin of variations. Weissman, in his "Germ Plasm" propounds at least a logical theory. Whether we agree with him or not, we must at least regard as certain that the fetus can only be influenced as to variation as well as to determination of sex by nutrition.

However, Mr. Bayer has no theory of how an impression made upon the mind of the mother during pregnancy influences the unborn child, nor of why any particular impression has such influence and others not. He merely asserts that such is the cause of all variation, and gives us not one atom of proof of his assertion.

EDWARD LINDSEY, M. D.

Warren, Pa.

PNEUMONIA.

Editor Alkaloidal Clinic:—In the May CLINIC Dr. Riley asks, "Can pneumonia be jugulated?" and proceeds to prove the affirmative by citing cases.



T. A. LANCASTER.

In ninety-nine cases out of a hundred, provided the correct treatment is employed. While his enthusiasm has no doubt vitiated his statistics, he has told your readers a valuable fact, has emphasized the treatment which will sooner or later supplant the old guesslike plan of managing, not only pneumonia but all cases of fever, regardless of etiology.

When my attention was called to the alkaloidal method I looked askance at the diminutive pellets, thought of the unscientific bombastic prattle of the homœopaths and concluded to watch and wait. The evidence finally became too strong to be

ignored, and, like the good sister in Carleton's new church-organ, I bid farewell to every fear and boldly waded in. I cannot say that I have knocked the eternal smithereens out of every case, but can tell you what I have done. Not one case had fever longer than eighty-four hours, and most of them by some strange coincidence terminated in seventy-eight hours, except one double pneumonia which waged a stubborn warfare for one hundred and thirty-two hours. The patient was not seen until the attack had lasted thirty-six hours. It was the worst case I ever saw, and would under my former treatment doubtless have proved fatal. The fever reached 106° F. He could not lie for five minutes on either side. When turned on either side he showed most alarming symptoms, irregular heart-action, rapid breathing, and a look of impending death.

One case was a girl eight years old, weighing 104 pounds. Another was a drunkard weighing over 200. Several were children, or old people, but all recovered in the time stated.

One case seems worth detail, Dr. H., seized with typical pneumonia. I began with the arms of precision and he was convalescent in 78 hours. The fever reached normal on Friday. Sunday morning I found him up and dressed, ready to receive his friends. I mumbled some indefinite words of disapproval and injudiciously allowed him to continue in the even tenor of his way. All went well for three days, when he began with very severe chills followed by sweats. What was the pathological condition? Purulent infiltration, ulcerative endocarditis, tuberculosis, of which his mother died? It was several days before a correct diagnosis could be reached, but he got the benefit of the doubt. Strychnine arsenate, calcium sulphide, nuclein and the dosimetric trinity, were used, and the doctor made a fine recovery and is now a strong advocate of the new and better way.

Many times I have been called to see children with symptoms of impending pneumonia, and by prompt and positive treatment with the alkaloids they were within twenty-four to forty-eight hours free from fever and the other symptoms. I cannot say all would have had this disease, but some at least would.

Not in pneumonia alone do we see the prompt and beneficial effects of this plan of medication. In any departure from normal, we notice it, but perhaps more in diseases characterized by cyclonic symptoms. The amplitude of the symptomatic phenomena in these cases is marked, standing out in bold relief. The expectant plan is a frank acknowledgment of our inability to conquer disease. We await the final issue, assuring the patient and friends by circumlocution that if he does not die he will assuredly recover, and to substantiate these statements we cite the statistics of the malady and prove we can do as well as others. This may console the patients and friends, to know we can strike an average of success, but what about the conscientious wide-awake physician who ought to know better? How about his conscience, when he reads the oft-confirmed reports of cases treated by the scientific, rational, progressive, patient-saving, disease-killing method now under discussion?

I see that some think alkaloids too expensive for general use. Well, it is true that you cannot labor long with any given case, but you will get back to the family as often as there are cases of sickness in that family. Moreover, you can collect a number of small bills in different families easier than you can one large one in one family. Strange as it may seem, I believe the advent of alkaloidal medication has sounded the death-knell of homœopathy, not because we have adopted its principles but because we have a pleasant and positive method of medication. The finished remedies look somewhat alike, but are as

different in composition and effects as day and night. One a definite, ponderable, effective preparation; the other irrational, unscientific, ineffective, without appreciable influence over disease. In the open light of the beginning century, there should be no "isms", or "pathies", simply physicians, guided by reason, devoid of prejudice, unfanatical and resting on scientific deductions only.

T. A. LANCASTER, M. D.

North Manchester, Ind.

—:O:—

Mighty fine reading, brethren, and it has the ring of truth in it which carries conviction. Dr. Lancaster knows, and knows that he knows.—ED.

ACHILLODYNYA.

Editor Alkaloidal Clinic:—Taking for granted your love of fair play and discussion, permit me to question the correctness of your diagnosis and treatment of T. J. C. P's. query 635, August CLINIC.

His symptoms show no evidence of "Myalgia of calf muscles," but to the contrary, strongly suggest a very uncommon and obscure disease first discovered and described by Dr. Albert, a Viennese, whose name it bears (Albert's disease), retro-calcaneal bursitis, or achillodynia. If I mistake not it has since been brought to notice by American authors, but by whom I've forgotten. This disease occurs most frequently in stout, heavy individuals of a rheumatic diathesis or those whose vocations require long hours upon the feet, and is characterized by lameness, tenderness, pain and swelling and inability to take long steps or to stand on the toes.

When fully developed there is more or less effusion in which may be discovered by the X-rays, osteophytes. Of course in this stage treatment to avail must be radical, i. e., aspiration or incision without delay.

Would suggest as treatment for T. I. C.

P., a blister over seat of pain, repeated if necessary, afterward a tight bandage and massage. Internally give potassium iodide five drams, potassium acetate six drams, wine of colchicum root five drams, tincture cimicifuga six drams, tincture nuxvomica six drams, essence of pepsin (F. Bros. & F.) two ounces. M. Direct: Two teaspoonfuls three or four times daily, largely diluted.

Thecitis is also a disease called to mind by the symptoms of T. I. C. P., the treatment of which is familiar to all.

J. HARRINGTON BEYNON, M. D.
Newark, N. J.

—:o:—

We devoutly trust from some one or other of the ingredients named the patient may receive benefit, provided they be of good quality, etc., etc. The relief on stretching is a well-known sign of myalgia. If the affection were inflammatory it would hardly be felt on rising after rest, and pass away after motion. But we must thank Dr. Beynon for coming to our aid in the query-answering, and earnestly trust that whenever any reader feels that he has up his sleeve a better reply, he will produce it. We are not proud. We know there are lots of things we don't know; and that among the 30,000 CLINIC readers there is a wealth of knowledge we would like to obtain. Thank you, Doctor. Your therapeutics is a trifle bald-headed, but you are all right and we hope you'll come again.—ED.

INTESTINAL ANTISEPTICS IN TYPHOID FEVER.

Editor Alkaloidal Clinic:—I think you struck the keynote when you hit on "intestinal antiseptics," more especially in typhoid fever. In a practice extending over seven years my mortality by this fever has been *nil*. My plan has been to keep the bowels moving at least once every twenty-four hours, and to keep the bowels thoroughly sweet with eucalyptol and the sul-

phocarbolates. With this and with proper feeding we will have no hemorrhages, nor will we have any deaths in those previously healthy.

E. T. DUNAWAY, M. D.

Brewers, Ky.

—:o:—

Thank you, Doctor. We think so too but we are glad to hear you say it. Keep the alimentary canal sweet and clean all the time and there will be no need to journey in search of the fountain of perpetual youth.—ED.

PNEUMONIA.

Editor Alkaloidal Clinic:—Having used the alkaloidal or dosimetric treatment for some months, I now take pleasure in reporting the results. The more I use the alkaloids the better success I have. I have used them in several different maladies, but have had the best success in pneumonia; one recent case in particular which I will report in detail:

A young man, age 17, had a severe chill, pain in right side just below the nipple, some headache, temperature 102.5°, pulse 105, resp. 40, some crepitation and dullness on percussion in middle and lower lobes of right lung.

Treatment: Defervescent Comp., one granule every fifteen minutes.

2:30 a. m. Temp. 104.5°, pulse 120, resp. 50, the chill having subsided about forty minutes previously. Treatment continued.

3:30 a. m. Temp. 102°, pulse 108, resp. 45. Treatment continued, but reduced to one granule every hour and later every two hours. Up to this time I administered the treatment myself.

9:30 a. m. Temp. 99.5°, pulse 95, resp. 40. Treatment: Dosimetric trinity, one granule every two hours.

1:30 p. m. Temp. 102.5°, pulse 104, resp. 40. Treatment: Dosimetric trinity one granule every 15 minutes for a few doses, then every 30 minutes, then every hour.

5.00 p. m. Temp. 101°, pulse 98, resp. 36. Treatment: Dosimetric trinity, which I instructed patient's sister who attended him to administer every fifteen minutes until fever fell below 100°, and pulse below 80, and then every hour until fever was stopped.

Called next morning at 8, and found temp. 98.5°, pulse 64. Attendant informed me patient had had no fever since 4 a. m., slept from that time till I arrived and was feeling quite comfortable. Left him on strychnine arsenate two granules three times a day. In addition to above treatment I administered a few doses of calomel and epsom salts, to move the bowels, at the beginning of the disease. In 56 hours after treatment was commenced the patient was up and around, feeling well, with the exception of a little weakness.

I see that your most excellent journal, the CLINIC, abounds in such case-records, and you probably will not care to publish so much on one subject; however that is at your discretion.

G. A. LARSEN, Ph. G., M. D.

—, Wis.

—:O:—

It is doubtful if any other affection has the same interest to most of us as pneumonia. The CLINIC is not a museum of curiosities, but deals with topics doctors must study. Dr. Larsen has made a good beginning, and he did not get flurried when the fever rose after his first trial, or when it recurred after falling to normal, but kept at his guns until the enemy surrendered.—ED.

INCIPIENT PHTHISIS ABORTED.

Editor Alkaloidal Clinic:—Here is a case that was given up by the other doctors. A boy 11 years had a run of pneumonia and the lung did not clear up but went on to empyema. When I first saw him there seemed to be but little chance for him. However, I gave him strychnine and iron

arsenates as a tonic, codeine for his cough and calcium sulphide for the suppuration.

To my surprise he began to improve and to day he is as well as ever.

DR. R. S.

—, Maine.

—:O:—

The diagnosis of "empyema" is doubtful, as actual pus—exudation in the pleural cavity—seldom if ever absorbs. Unless the doctor aspirated and tested the pleural contents and knows it to have been pus we would lean to the belief that it was a serous effusion, for the relief of which his treatment was admirable. These are among the cases that when neglected end in consumption. Great care should be taken to help an ailing lung out of the trouble as promptly as possible—ED.

FLESH OF VACCINATED ANIMALS.

Editor Alkaloidal Clinic:—In reply to Dr. Thompson I should say that eating the flesh of vaccinated animals would not protect against smallpox. It has been established that the antitoxic action is possessed by the blood-serum and not by the tissues. In females the milk of an immune animal has slight antitoxic action. But Madsen, Wassermann and Takaki have shown that this action is not possessed by the tissues. Male calves are slightly better for vaccination than female, and the best place is the escutcheon. On tender parts like the scrotum it might take more quickly than elsewhere. But though important, the superiority is not so much due to the part vaccinated, but to the method practised, which may be similar to what Martin calls in-and-in vaccination, or from calf to calf, which produces a more virulent product. Or, it may be due to the presence of pusgerms, which produce sore arms, and should be carefully excluded from vaccine for human use.

W. R. HUBBERT, M. D.

Detroit, Mich.

BRIEF THERAPEUTICS.

Editor Alkaloidal Clinic:—One year ago I received a sample copy of the CLINIC, and was so much pleased with it that I subscribed for it and ordered a No. 6 granule case, filled. I could not do without the CLINIC and practise with the alkaloids, as nowhere else can I find the information. Dr. Waugh's book, "Treatment of the Sick", Shaller's "Guide", and Abbott's "Brief Therapeutics", are a great help to us.

I have treated a great many cases with the alkaloids successfully, and will give you the diseases and the drugs used.

Influenza: Dosimetric trinity for fever, apomorphine for an expectorant, codeine for cough, sparteine and strychnine arsenate for heart-tonics, Bovinine as a general rebuilders.

Pneumonia: Dosimetric trinity for fever and congestion, apomorphine or emetin as an expectorant, codeine for cough, strychnine and Bovinine as tonics.

Bronchitis: Aconitine or trinity for fever, codeine and hyoscyamine for cough, emetin or apomorphine as an expectorant, strychnine and Bovinine as general rebuilders.

Croup: Apomorphine as expectorant and to loosen the membranes, trinity for fever, calomel to move the bowels, strychnine as a tonic.

Whooping cough: Atropine, calcium sulphide, aconitine if fever is present.

Neuralgia: Gelseminine and aconitine.

Hemorrhage from lungs or uterus: Atropine hypodermically, ergotin and strychnine by the mouth; if there is retained placenta, curette, wash out the uterus with 25% hydrogen peroxide.

Diarrhea and cholera morbus: Morphine and atropine hypodermically, copper arsenite, hyoscyamine and strychnine, adding aconitine if there is fever present. If the above does not stop the discharges as quickly as desired, change to zinc sulpho-

carbolate, W-A Intestinal Antiseptic tablets, and codeine.

Rheumatism, gout, lumbago and sciatica: Colchicine, lithium benzoate, hyoscyamine for pain, bryonin for stiff joints and back; rhus tox has given good results in some cases of chronic rheumatism, but it has not served me well in acute cases.

Tonsillitis: Calcium sulphide, sometimes trinity, gargle of fl. ext. hydrastis, a dram to the ounce of warm water every hour, if there is much secretion spray the throat with 25% hydrogen peroxide, strychnine and Bovinine as tonics.

Malaria: A calomel purge, keep bowels open with Abbott's Saline Laxative, followed by strychnine, quinine and iron arsenates, hypodermics of Aulde's Nuclein; 20 minims daily, Bovinine, change of climate.

This is an outline of my present treatment. I would not go back to the old way for any price.

Have you tried picrotoxin for the night-sweats of phthisis? I have used it successfully for the last ten years, in doses of gr. 1-50 at bedtime.

W. F. RADUE, M. D.

Jersey City, N. J.

—:O:—

Dr. Radue gives us many hints in small space. We are all doctors who know the preliminaries, and he wisely skips them.—ED.

CEREBRO-SPINAL MENINGITIS.

Editor Alkaloidal Clinic:—My first case after graduation was cerebro-spinal meningitis, in a child aged three years. The first symptom was a chill, followed by vomiting, the head then bent back, the child in opisthotonos, left ptosis and tremor, pain and tenderness along the spine, joints inflamed, fever irregular, 100° to 104°, pulse rapid and full, constipation, urine contained albumen and casts.

The family was consumptive and a child had died two years previously of meningitis.

Treatment: Semi-liquid diet, ice bag to head, morphine injected over the spine, quinine and ergotin internally, stimulants as the pulse demanded.

Peripheral paralysis ensued, and death in five days.

E. F. BENNER, M. D.

Richlandtown, Pa.

—:o:—

There have been recommended as curative of this affection, very hot applications, very cold ones, gelsemium, and the use of nuclein. In a late number of the *Maryland Medical Journal* a writer tells of success in four cases with copper arsenite. When an affection has proved refractory to all treatment, as this has, it is wise to apply the new ideas and remedies until the right one has been found.—Ed.

CAPILLARY BRONCHITIS.

Editor Alkaloidal Clinic:—I have treated two cases of capillary bronchitis in children two or three years old by giving aconitine, strychnine, apomorphine and tartar emetic dissolved in three ounces of water. Besides, I used steam from lime-water placed near the patient. In three hours there was relief, and in six hours the child was playful and entirely free from all distress. A dose was given every half hour. This treatment should succeed in every case if begun in time. J. S. McILHANY, M. D.

Everett, Wash.

—:o:—

Good treatment, Doctor, but you don't tell us how much you give or how often you give it. We can't send our bottles to you to be filled—haven't time. Now what shall we do? You'll tell us won't you? Capillary bronchitis, which is really a pneumonia, is one of the most dangerous diseases of childhood, but the above named remedies properly applied will abort it, even without the tartar emetic which is better replaced by apomorphine. Apo-

morphine was first recommended in the treatment of capillary bronchitis by Dr. Shaller, of Cincinnati, and it has since been used with great satisfaction. This is but one of the many things that this quiet, unassuming but eminently able brother of ours has done to make the practice of medicine safer, pleasanter and more satisfactory to us all.—Ed.

IS FREQUENT DOSAGE OBJECTIONABLE?

Editor Alkaloidal Clinic:—I have been investigating the alkaloidal method of medication for about two years and like the CLINIC very much. The chief objection I have to make is the frequent repetition of the dose, especially in the case of children; and with adults also it is very disagreeable to have any kind of medicine, however pleasant, every 15 to 30 minutes. I like the idea in general, however, and shall continue to study it. DR. W. D. M.

—, Mississippi.

—:o:—

We are very glad of the expressions accompanying your renewal to the CLINIC for we know they come from your heart. The frequent repetition of doses is of course a slight objection, but it only occurs occasionally. For instance, in a case of very severe tonsillitis with terrible swelling, very high temperature and partial delirium, at 12 o'clock last night I prescribed nine granules of aconitine (child eight years old) in twenty-four teaspoonfuls of water, one teaspoonful every 10 minutes for eight doses and then only when the child should wake, during the remainder of the night. I also added to the aconitine-solution, eight nuclein tablets and put an ice-cold water compress on the throat with instructions to renew it every 15 minutes for six times and then every two hours. The mother said that the child was perfectly relieved in half an hour, went to sleep at the end of eight doses and continued sleeping the remainder of the night.

This morning at 9 o'clock she was bright and chipper, swelling much reduced, membrane loose and fever but one degree above the normal. The same medicine in hourly doses, with instructions to give it every two hours tomorrow and then follow with one tablet of nuclein and one granule of strychnine arsenate three times a day.

This is the way we apply the principles of alkaloidal medication, and when there is need for fast work no one objects. To acute diseases acute or active treatment; to chronic diseases slow or chronic treatment.—ED.

**"HEART DISEASE," "CONSUMPTION,"
AND "CANCER" CURED WITH
INTESTINAL ANTISEPTICS.**

Editor Alkaloidal Clinic:—I have just scored a great victory with the W-A Intestinal Antiseptics. A lady 60 years old who for five years has been a great sufferer and has been treated for "heart trouble," "lung trouble," "cancer of the stomach," etc., etc., *ad infinitum*. She sent for me some six weeks ago and I examined her case, eliminating as I went, till I decided it was an old chronic catarrhal condition of the stomach in a specially aggravated state. She had severe dyspnea, headache, one of the worst dry unsatisfactory coughs I ever saw, severe pain in the stomach and what she thought was bronchial "rattles" but which was gas in stomach and oesophagus. Well, I tried a fly-blister over stomach, gave her silver nitrate pills and put the stomach just as near at rest as possible—warm water and dry toast by the mouth and egg emulsion by the rectum—but we got little benefit until I gave two tablets of the W-A Intestinal Antiseptic pulverized and dissolved in half a cup of hot water.

Improvement was manifest from the first dose. I continued to give two tablets morning and evening for some ten days and then I gave one tablet three times a

day before meals. My patient is coming back to health and is most highly pleased with those "wonderful tablets." I have a specific in these same tablets for about three-fourths of all the cases of bad breath that come to me. These W-A Intestinal Antiseptics with Saline Laxative and the many pleasantly-effective remedies The Abbott Alkaloidal Company are preparing, such as the Dosimetric Triad, strychnine arsenate, etc., etc., are rendering the practice of medicine pleasant and the cure of our patients speedy and sure.

J. M. TRUE, M. D.

Oskaloosa, Iowa.

TYPHO-MALARIA.

Editor Alkaloidal Clinic:—When one appreciates a thing, a favor, or a kindness done, I believe it is just and right to say so, and let the living have praise and good cheer for the good work accomplished, for a word of honest praise and appreciation, at the tomb, fails to help the living. It fails to inspire the tireless worker and furnish the incentive that he daily needs. I have been a reader of the CLINIC for a little less than a year, but I have in that short time gained many valuable things from its columns which I shall not stop to enumerate.

When the first papers on Sexual Hygiene appeared I thought a treat was in store for the readers of the CLINIC; not only a treat, but important lessons on a most important subject. I was not mistaken. And now that these papers are published the lessons have not all been learned. I learned to love the CLINIC by reading what followed this peculiar mark, —o:— that is, what the editor had to say. Reading what he had to say at the close of even a most excellent article, was like living the rich experience of a man who had traveled all the by-ways of medical life. But I do not say this to the disparagement of any original article, for they are always calculated

to bring out the very best in a man's life experience. And so they do. For what the editor has to say at the close of each article forms one of the most valuable features of the CLINIC, in my humble opinion.

Now again, as to the papers on Sexual Hygiene. They are of inestimable value, rich in the experience of men, whose wisdom should be made the common knowledge of every practitioner. There is no doubt in my mind but what the members of Physician's Club have taught each other valuable lessons on the subject of Sexual Hygiene. I want to endorse the letters of Drs. Foote and Osburn in the September issue of the CLINIC on this subject. Give us all you have in the shop, using these papers as a basis. Using the idea of the Psycho-Therapy, give us the best that these excellent papers will suggest—make everything plain, simple and practical.

When the discussions are all at an end, and the valuable correspondence closed on this subject, I think it would be an excellent idea to arrange these papers, with the editorial comments and correspondence, in their proper order following the paper to which they belong, and publish the whole, either as a regular number of the CLINIC, or as a special number, for which I think the subscribers of the CLINIC would certainly be willing to pay, in order to have these valuable papers, comments and correspondence on this interesting subject all together. They would make a delightful volume. So much rich experience in such small compass. I wish the editor would make some mention of this matter and find out how it will take with the other members of the CLINIC family. We are now a very large family and rapidly on the increase, and I trust that justice and the will of the majority shall ever rule.

In "Practical Hints From Daily Experience," Dr. Abbott presents a valuable idea, that of collecting and arranging in alphabetical order the essentials, in the back

numbers of the CLINIC and publishing in book form. I would like to see that plan carried into execution. It would make a vast fund of information. Don't give it up unless you have to.

Just a question now and I am done. I notice in the September issue the heading, "Typho-Malaria." Is there such a thing as "Typho-Malarial" fever? My teaching has been that typhoid fever is caused by the *bacillus* of Eberth, of vegetable origin. And that malarial fever is caused by the *plasmodium malarie* of Laveran, of animal origin. Now what causes "Typho-Malarial" fever?

I do not write this to take up any of the valuable space of the CLINIC. I only want to express my appreciation for the good work the CLINIC has done. May it live long and flourish, is the wish of

GEORGE BYRON THOMPSON, M. D.

Lynn, Oklahoma.

—:0:—

We doff our beaver in acknowledgment. May you live long to enjoy the CLINIC and contribute to its usefulness. We do not believe in a cross between typhoid and malaria, but look on these cases as often atypical typhoid, sometimes malarial, and sometimes due to an as yet undiscovered germ.—ED.

A GOOD BEGINNING.

Editor Alkaloidal Clinic:—The alkaloidal granules have done me splendid service so far, in children affected by the heat. I have had several very severe cases, from two weeks old upwards to two years. There was always the characteristic enteritis present. In some cases I had convulsions, used chloroform, in others I warded them off. My treatment, employed with uniform and most flattering success was: Castor oil, freely, to clear digestive tract; glonoin to keep up cardiac action; strychnine arsenate for general tone; aconitine, veratrine, hyoscyamine as needed. Besides these remedies I order plenty of cool, fresh

water, frequent sponging, and of course light, liquid food.

The advantage of your granules lies in the accuracy of the dose, in the absence of foreign matter which might disturb prompt action, and in the easy mode of dispensing. My little patient, *aet.* 2 weeks, sipped his watery solution as readily as his elder cousin, *aet.* 2, swallowed her "candy" pills, and both were the better for it.

For children I have never found anything so satisfactory; in older people the doubt of these very small doses of medicine must first be overcome.

H. J. ACHARD, M. D.

Roselle, Ill.

—:O:—

We are much pleased with your tribute to Alkalometry and trust that the future will have some still pleasanter experience for you. We believe that the profession cannot have too good remedies; and, having these, that they cannot know too well how to give them to obtain the best results.

Try for yourself the small and frequent dose and see how it works. We do not ask anyone to accept it on authority.—ED.

THE CLINIC IN SOUTH AFRICA.

Editor Alkaloidal Clinic:—I cannot speak in sufficiently high terms of praise of the CLINIC. The various articles are so practical, so clearly put and bear such unmistakable evidence of truth that one cannot be otherwise than doubly impressed with the reliability and vast possibilities of alkaloidal medication. I shall certainly endeavor to study thoroughly the system and give it a good trial in the sure expectation of success and hope to be privileged later on to report to the CLINIC fraternity.

Having only had the granules about three weeks and there being a lull at present in sickness I have had but few opportunities to test the medicines. In a case of croup which was beginning to take on alarming aspects, the calcium iodide tab-

lets soon put a different complexion on things, relief being very speedy. I was the more anxious, as a few months ago I lost a case of membranous croup—operation being refused. The parents remarked that those little flat pills were something wonderful. This is highly satisfactory of course and encourages one to try again.

A couple of months ago while ordering from the F. S. Betz Co. a hot-air bath I enclosed a small order through them for more of your granules; later on a larger order was sent per the H. M. Merrill Co., of Cincinnati. I am a great believer in the possibilities of drug-therapeutics and appreciate the fact that drugs for exact results must be pure and reliable.

C. J. DAVEY, M. D.

Vryheid, Transvaal, S. Africa.

—:O:—

This kindly letter from a far country goes to show that the world is not so large after all and that wherever you find them the medical profession are brothers indeed. We shall be much pleased to hear from Dr. Davey again.—ED.

INTESTINAL ANTISEPSIS.

Editor Alkaloidal Clinic:—The W-A Intestinal Antiseptic Tablets reached me two months ago. I have had opportunities of trying them in several cases of cholera infantum of most obstinate character and in the diarrhea of typhoid fever (enteric). I am pleased with results and shall prescribe them henceforth in like affections. In addition to their superior efficacy they are convenient and easy of administration. O. H., M. D.

—, N. C.

—:O:—

Our southern friends should be on the front seat in this intestinal disinfection question, for, while it is vital to us all, it is the more vital in localities where great heat and moisture tend to rapid decomposition.—ED.

DR. BROWN'S CASE.

Dr. J. H. Beynon, of Newark, N. J., makes the following comments on Dr. Brown's case: "Symptoms are pathognomic of gastro-intestinal irritation. There is no evidence pointing to meningitis or grippe, the condition resembling these ailments being the logical and inevitable consequences of the treatment. The first indication was to empty stomach and bowels and relieve spasm by the use of ipecacuanha, castor oil and a high enema of soap-suds and glycerin, with a few whiffs of chloroform. This done, chloral and bromide should have been given by the rectum, the chloroform continued if necessary. With this a hot foot-bath and an ice-cap to the head to promote quiet and comfort, and lessen cerebral congestion. A mustard plaster over the stomach would have been efficient by its revulsive action. Antipyretics were not necessary as pulse, temperature and respiration subside when the stomach and bowels are rid of their irritating contents. The administration of numerous powerful drugs was a mistake.

Why the editor advised tincture of iron with the stimulants, nuclein and strychnine arsenate, is not evident to me".

The use of iron in repeated convulsions with general muscular relaxation in the intervals, came to the writer many years ago, and he has had numerous instances of its efficacy and no failures. The first case was in a child recovering from measles, who was seized with convulsions. Believing the general condition one of debility, she was given tincture of iron, and at once improved. As to the stimulants, strychnine and nuclein, their use is based on the following reasoning: Spasm is not an exaltation of function but the beginning of its loss, preceding paralysis, as palpitation indicates a weakness of the heart. Steady the nervous centers by stimulation and control is regained. So also we give sanguinarine, or gargle with capsicum, to

cure acute pharyngitis, or we give strychnine and quinine to break up a cold. This principle underlies the reality in *similia similibus curantur*. It is as yet doubtful how far it can be extended. If we allow the broad statement that all disease is evidence of lowered vitality, since perfect vitality enables the tissues to resist all noxæ, the stimulant medication is of universal application. There is reason in this, at least enough to warrant the clinical testing. The use of strychnine for convulsions is not new, as this agent has been pushed to full tolerance in epilepsy, chorea, etc.

Let us add that the editors of the CLINIC welcome any one who feels that he can add to the advice given by them. We are not infallible and know it. We have never met a brother physician, probably not a man, woman or child, from whom we have not learned something. And we earnestly desire that the fact that we have made a comment on any item shall not deter any reader from making a better one if he feels qualified. Let the CLINIC represent the united wisdom of its many thousands of readers, and not be the arena for one man to exhibit his prowess.—ED.

EUROPHEN-ARISTOL.

Editor Alkaloidal Clinic:—My experience with some of the remedies recommended in the CLINIC must have been unfortunate. For instance the europhe-naristol treatment for inflammation of the endometrium. One patient treated in my office complained of pain immediately after receiving injection. I assured her it would not last long and she went home. In an hour I was called and found her suffering intensely. I have repeated it with every care and have had more or less pain each time. I used half and half mixed to a creamy substance with petrolatum (fluid).

Have you had results like this when using it in functional impotency due to

hyperesthesia of prostate? I have a case that has resisted cold sounds, irrigation and internal remedies. I would like to try the euophen treatment if it isn't too painful. How often should it be applied?

The articles on sexual hygiene were not as complete as we would like to have them on treating the conditions mentioned. What work would you recommend on the subject, as being the most practical to the general practitioner? Quite a number of my patients need treatment along that line.

Dr. E. E. McC.

—, Ill.

—:o:—

See a letter from Dr. Landrum in the August CLINIC on this very subject. You began by using entirely too strong a preparation, and probably used it cold, or too forcibly. Or, it may have been one of those very sensitive uteri that will not tolerate anything much. Try again, and follow directions more closely. In treating urethral hyperesthesia I have obtained excellent results from this method, and have never had any patient say the injection gave any pain whatever. Apply daily.

The present number endeavors to atone for the deficiencies in the sexual series as far as it is in our power to do so. There is no work on the subject that we can recommend.—Ed.

TALK U. S.

Editor Alkaloidal Clinic:—Why don't medical writers use English? How often in reading do I run against "*post hoc, propter hoc*." Assuming that I do not know Latin I might lose the true meaning of the sentence, or, perhaps of the entire article. "*Et hoc genus omne*," is another sweet morsel provided by the scribblers. If they mean "And other like things," why in the mischief don't they say so?

Not long ago I came upon "*Quos Deus vult perdere prius dementat*." Now that may be true, but I wish he would not

bother about making them crazy, but just finish them at once. Again writers lead me away through a "*terra incognita*" to "*Ultima Thule*," etc., etc.

Now, I *sprachivati pourquoi* in the *tienha izkibazusus* do not use English? It is as easy as the others. *Vous ne savez pas?* I say *ksero*. Perhaps *tum na chahti* then, *si usted quiere, wenn es thut ihnen gefallen*. I would say, that English is the proper language for English books.

H. A. WARD, M. D.

Richfield Springs, N. Y.

—:o:—

To the spirit of this we say a hearty Amen! United States is good enough for us. It is a grand and good rule in writing to make your language so plain that those of the least education can comprehend it. Never mind the scholars. *They* can get along all right.

But in some cases foreign words are untranslatable, for want of precise English synonyms. Such words as "chic," "elan," "esprit," "verve," "manana," "spero um poco," etc., lose most of their value when translated. And in one of the cases cited, *post hoc vel propter hoc*; when you make it into English as "after which or on account of which," how the terse force is lost.

Et hoc genus omne may be best paraphrased as "de push," or "the whole outfit," or some other of the constantly changing slang expressions, but we rather like the classic expression.—Ed.

CEREBRO-SPINAL MENINGITIS.

Editor Alkaloidal Clinic:—In 1864 we had an epidemic of this disease. My first three cases died. I then tried the use of quinine and free sweating and lost no more cases that I saw during the first day of the attack. Sweating was induced by placing hot ears of corn around the patient, keeping the head cool, and counter irritants were applied to the spine. As soon as the

congestion gave way quinine was given in large doses, and sometimes whisky. If a chill occurred in 24 hours, the sweating was repeated. When the attack was broken we gave cathartics, followed by tonics, but no physic at the start, as they hardly ever lived till it operated. Whenever called to a case the first thing was to examine the spine, and if tender the above treatment was at once instituted. I went through the malady myself. The patient was stiff from head to heels, head drawn to one side, no two cases alike, some had no chill, but nearly all were cold and covered with a clammy sweat. Those who died soon became dark purple or even black around the neck and back. Some had copper spots from head to foot.

We have had cases occasionally since, but not so bad. In children it may be mistaken for pneumonia, as there is a slight cough, with dyspnea, but an examination of the spine will show the diagnosis, as even if not tender slight pressure will cause dilatation of the pupils, a pathognomonic sign.

DR. A. S. HASKIN.

Lawrence, Mich.

—:O:—

Dr. Haskin tells us nothing of the diplococcus intracellularis, and his cases may have been due to that or to some other cause, but his observation that free sweating at the outset cured a form of epidemic meningitis is worth noting down. We do not need cornsweats nowadays, as we have in pilocarpine a perfect agent for this purpose, but the principle is the same. *Nota bene.*—ED.

THE ACTIVE PRINCIPLES VS. THE KNIFE.

Editor Alkaloidal Clinic:—I have just treated an interesting case of appendicitis successfully with calcium sulphide, aconitine, digitalin, strychnine arsenate and magnesium sulphate—this when the surgeon stood ready to operate any minute

for twenty-four hours. I have performed miracles in the eyes of the people with the alkaloidal plan of treatment. It is nothing however but the use of common sense and drugs that can be depended upon, along with accurate diagnosis and a thorough knowledge of the action of the remedies used. I shall, as rapidly as possible, secure the introduction of the alkaloids into the Sanitarium with which I am connected.

Dr. W. M. C.

—, Minnesota.

—:O:—

Your treatment for appendicitis, when it can be controlled by medicine, is correct and cannot be improved upon. If there is yet a tendency to suppuration without suppuration, and the cause is catarrhal without the presence of some irritating substance whose action cannot be controlled, many a case of appendicitis may be aborted by this method. So also many a case may go on to recovery where the abscess is so near to the gut that it breaks into and is emptied through the canal, but in most instances of distinct appendicitis operative procedures are required for permanent relief; and while we would recommend the one we would caution against delaying the other sufficiently to jeopardize the patient. Rather, if modern means are at hand give the patient the benefit of the doubt and operate any way.—ED.

A RATIONAL TREATMENT FOR ENTEROCOLITIS.

Editor Alkaloidal Clinic:—I have been using alkaloidal granules for some time and am more than pleased with them. The other night I was called to see Miss G. H., age 19. She was taken in the morning with violent vomiting, tenesmus and diarrhea; had a temperature of 102.2° and a pulse of 35. I gave her one Defervescent

Compound every fifteen minutes till she began to perspire, then one every hour. I also gave her one W-A Intestinal Antiseptic tablet and one granule of calomel every hour till ten doses were taken. I followed this with a dose of Saline Laxative. The next morning there was no fever, pulse was 100. I gave her the Dosimetric Triad to take through the day, one granule every two hours with one of the Intestinal Antiseptics. She was up and doing her work in two or three days.

A little boy who lived across the street was taken the same way at the same time. Another doctor was called who treated him in the old-fashioned way, and the boy is dead.

Dr. W. D. B. L.

—, N. Y.

—:O:—

Your treatment was good, rational, prompt and right to the point. The aconitine, digitalin and veratrine of the "Defervescent Comp." are our very best cardiac inhibitor in all cases of excitation due to irritation; the chemically pure compound sulphocarbulates of lime, soda and zinc in the W-A Intestinal Antiseptic are invaluable as disinfectants; the small dose of calomel followed by the chemically pure sulphate of magnesia is an admirable evacuant while as a revivifier the "dosimetric triad" aconitine, digitalin and strychnine can't be beat.—Ed.

A SENIOR SPEAKS.

Editor Alkaloidal Clinic:—Like the small boy following the band wagon, we just have to make some noise or else we would not show our appreciation of the music. Alkaloidal medication is here to stay, despite the little kicks hurled against it by those who would not give it an investigating thought. And so well grounded are its principles, so plausible and interesting its aims and so convincing its results, that there is more hope for a fool than for one who carries pumpkins out of a field, like

his daddy did, just because his daddy was successful by hard work and awkwardness.

Under the valuable article of Dr. Holland, we see you are waiting to hear from the fellow who has tried alkalometry thoroughly and gone back to the old way. It is no use to hunt up, no use to wait to hear from him for he is *non est inventus*.

In 1894 a sample copy of THE ALKALOIDAL CLINIC came to me, and that copy is preserved as the first angel of light. Ever since the little pioneer invaded my sanctum, the CLINIC has been a regular visitor, and I have now nearly five completed volumes on file and shall continue as long as the vital battery supplies our machinery, its publishing continues and the dollar can be raised.

Being a graduate of 1856 at the "Medical College of Georgia" places me among the old M. D.'s and I can state without mental reservation or mind reserve whatever that I have had a clearer perception of therapeutics since espousing Alkalometry than in all previous years, and all honor and praise is ascribed to the CLINIC.

Fearing this will appear fulsome to your many intelligent readers I close, with request if you find the one you are waiting to hear from, be sure have his photo in the CLINIC. This scribe wants to examine his head and give him a chart, that he may cultivate different bumps on his cranium even if he has to come in forcible juxtaposition with an unyielding object to get them started.

R. C. JOHNSON, M. D.

Personville, Texas.

ASCLEPIAS SYRIACA.

Dr. Lucien V. Weathers, of Davenport, Texas, strongly recommends the Asclepias Syriaca, or silkweed, in typhoid fever, as a specific. Webster says it has been recommended in rheumatism, and suggests its use for obstinate muscular pain.

THE SPECIALTIES

Notes upon Surgery, Gynecology, Eye, Ear,
Nose, Throat, Rectal and Other Special
Branches, by the Masters of these Arts

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Your Editors { W. C. ABBOTT, M. D.
W. F. WAUGH, M. D.

PURPOSE OF DEPARTMENT.—To give our readers the benefit of the experience of prominent workers in various special fields. Any reader is permitted to ask questions direct to any department worker whose name is here given and a reply will be made in the next issue of the CLINIC. If "personal" replies are also required, a fee of \$2.00 must accompany the query. We trust that all who have occasion to do so will make free use of this opportunity.

SKIN.

T. F. F., of Missouri, writes:—

"An infectious eruptive disease has been prevalent in this town and immediate vicinity for about three months which puzzles the local profession considerably. There have occurred from fifty to seventy-five cases of varying severity, confined to the colored race exclusively.

"J. D., black, male, aged 30, was confined in the county jail in which was a white man affected with an eruptive disease, pronounced by the medical attendant varicella. J. D. was incarcerated eight days. On the second day after his release he was attacked with fever, headache, severe lumbar pains, nausea and vomiting; temperature from 103° to 104° F. On the fourth day of the fever a papular eruption made its appearance, confluent on the face and hands, discrete on the trunk and limbs. As this patient was very black no difference in color of the papule and surrounding skin could be noticed. The papules were hard and shotty and appeared to push the skin up in front of them. The tongue, pharynx and buccal mucosa were pretty thickly peppered. On the sixth day the eruption became vesicular. The summits of the vesicles were filled with a clear lymph-like fluid. The intervening skin was swollen and hyperemic. The eyelids and loose tissue beneath the eyes were so

swollen that the eyes were closed. On the appearance of the eruption the pyrexia subsided and the patient expressed himself as feeling much more comfortable. The pulse however continued 110 to 120. On the seventh and eighth days the fluid in the vesicles became cloudy and opaque, the vesicles began to umbilicate; by the ninth day they were distinctly pustular and confluent on the hands, face and feet. The head and face were greatly swollen, the throat so sore as to render swallowing almost impossible. Pus exuded from the nose and between the closed eyelids, and the body and throat emitted a horrible odor. In fact, to borrow an expression of our British cousins, the patient was a "disagreeable person." Fever returned with the maturation of the pustules; there was active delirium, subsultus and great prostration. But the patient survived until desquamation was about complete, and died the fifteenth day of the disease, of some complication, probably pneumonia.

This patient was of strumous diathesis, with a suspicion of tertiary syphilis, though I saw no unmistakable evidence of the latter.

Now I am as well aware as is the editor of the CLINIC that in my imperfect way I have described a typical case of variola confluens or semi-confluens, and the question will arise, why this detail of symptoms and why the query that is to follow? But

the story is not all told. As was stated in the outset, we have had from fifty to seventy-five cases, all negroes. There has not been another fatality; a few of the cases have approached very nearly in severity to the one described, but the majority are exceeding mild. In some cases the eruption is very small, the majority not being larger than a millet seed or bird-shot. These small papules do not pass through the vesicular and pustular stages, but appear to wither up, desiccate and fall off without leaving a pit; but in all cases, however mild, there are a few well developed pustules. The site of the pustule is not pitted, on the contrary the cicatrix appears slightly elevated above the surrounding skin. The majority of cases attacked are adults.

The initial fever, headache, backache and general malaise are about equal in the mild cases to those in the more severe. In the mild cases there is no secondary fever, the patient generally quitting the bed as soon as the eruption is out.

Now the question, what is it?

It came here labeled chicken-pox, and passes with the laity by that name; the whites have lost all interest in it, as they regard it a negro disease. The negroes pay no attention to sanitation and resent any effort of the whites to isolate those affected. The contagion is certainly not active; it is safe to say that many more have been exposed than have contracted the disease, as the negroes are the most gregarious people on earth. The whites have nearly all been vaccinated and the negroes not at all.

I have heard of no instance of a person who had been successfully vaccinated contracting the disease.

Hence the question recurs, what is it?"

—:O:—

In commenting upon the above excellent report I desire to say: In the first place I would decidedly pronounce it an epidemic of varioloid. We sometimes experience grave doubts regarding the diagnosis of small-pox from the fact that different epidemics present different aspects. Besides, it is difficult even from the most masterful descriptions of small-pox to obtain a uniform picture. The epidemic here described

confirms our belief in the efficacy of sanitation and vaccination; and the varying intensity of the symptoms in different individuals, the very mild cases in particular, which would usually be classed as varicella, would favor the view of those who claim that the two diseases are identical. We gain knowledge from all practical communications and I am therefore much interested in the doctor's report.

D. LIEBERTHAL, M. D.

Prof. of Dermatology, Harvey Medical College.

ANATOMICAL.

THE FOSSA NAVICULARIS.

The fossa navicularis when distended artificially is a boat-shaped depression, situated between the hymen and the fourchette. Not distended it is invisible.

THE VAGINAL ORIFICE.

The vaginal orifice marks the division between the vulva and the inferior end of the vagina. It separates the external from the internal genitals. It is located between the base of the vestibule and the fossa navicularis. Its upper half is surrounded by the bulbi vaginæ or masses of veins and erectile tissue. The vaginal orifice is guarded by the hymen or fringed by its remnants.

The ducts of the periurethral glands and those of the vulvo-vaginal glands open at the vaginal orifice. It is surrounded by a vaginal sphincter—the sphincter vaginæ muscle. However, the constricted lower end of the vagina is forced against the pubic arch by the levator ani muscle and perineal body. The vaginal orifice is irregular and naturally closed presents puckered folds, and opens upwards and forwards. The urethra opens at its upper margin.

BYRON ROBINSON, M. D.

100 State St., Chicago.

CONDENSED QUERIES ANSWERED



The great amount of material that has over-crowded our "Miscellaneous Department" in the past, renders the establishment of this new department a necessity. The essentials of a long letter can often be put into a few lines. Many have important questions they would like to ask but do not for lack of time to write a "paper". It is for just these that this space is given.

Queries coming to this department prior to the 15th will be answered in the issue of the month if possible, and if your editors do not feel able to give the information desired, the point in question will be referred to some one who is; while at the same time this, as well as all other departments, is open to the criticism of our readers. Free thought and free speech rule in the CLINIC family.

Query 755. I am 62, prostate enlarged, cystitis, urinate hourly by day, once or not at all at night, muco-purulent discharge from urethra free.

H. H. M., Alabama.

Take internally benzoic acid, up to three grains a day, best in small doses every half hour; wash out the bladder with lukewarm water, with a tablespoonful of hamamelis distillate to a pint. Then throw in a dram of the euophen-aristol-petrolatum mixture. Do this every third day for two weeks and let us know the result. Doctor, do you think there can be a stone in your bladder?—ED.

Query 756. A mother, 25, lacerated cervix repaired. Suffers constant pain in the left ovary, often in the right, dysmenorrhea, leucorrhea, dyspareunia, ovaries tender, uterus normal, heavy numbness in left leg, unable to walk far from ovarian pain and backache, very nervous, does not gain strength, feet swell.

F. P., Florida.

Cure the endometritis by injections of euophen-aristol-petrolatum, first washing out the vagina thoroughly with peroxide or chlorinated soda solution. Then use Bovinine on wool tampons, twice a day, leaving each 12 hours. Meanwhile tone up the tissues with strychnine arsenate, gr. 1-30, three times a day, using Buckley's Uterine Tonic during the menstrual period.—ED.

Query 757. Woman, 73, vomiting incessantly, temp. 101°, pulse 110, irregular and intermittent, dyspnea, severe pain in right hypochondrium, vomiting arrested only by morphine; attacks recur irregularly; the stomach finally quieted by bismuth. She is now free from pain, but confined to her bed by the dyspnea, dizziness and palpitation. The legs get cold to the knees, appetite fair, laxatives required. At rest the respiration is normal, pulse 80, weak and irregular. Cardiac impulse gone, area of dullness increased, first sound muffled, second clear.

R. G. W., Indiana.

Your case is one of dilatation of the heart with debility and consequent gastric

catarrh from the backing up of the blood into the gastric veins. I should not wonder if you would find the liver enlarged. Your doses of digitalin were not large enough for the case. You should have given 1-67 gr. every half to one hour until she was better, and followed with tincture of cactus in five-drop doses, or Cardiac Tonic, a granule every hour, so as to keep the heart in a proper condition of tonicity.

Keep the bowels loose with Saline Laxative and the irritability of the stomach will subside. If not, give cerium oxalate, hyoscyamine amorphous and iodoform, one granule of each every hour or till effect, as these soothe the irritated mucous membrane and the pneumogastric nerve.—ED.

Query 758. A boy, 13 months old, at each evening has a spell of crying, throwing head back, squinting both eyes, eats ravenously, takes medicine same, worse attacks last nearly all night. This has gone on six months, he has lost flesh, no teeth till a year old. The back of his neck is hot during the spells, but there is no fever, Urinates too freely. Prepuce normal.

W. F. S., Indiana.

Examine the urine. Give the child hyoscine hydrobromate, one granule in twelve teaspoonfuls of water, a teaspoonful every ten minutes until the spasm relaxes. Also apply cold cloths to the back of the neck, changed very frequently, or ice and water in a rubber bag. Keep the bowels open and aseptic. During the day give quinine arsenate, gr. 1-67, one granule in twelve teaspoonfuls of water, a teaspoonful every hour while awake.—ED.

Query 759. A woman, 60, has nervous prostration following fright, and paroxysms that now occur every Friday, between 1 and 5 p. m. There is no warning, but she closes her eyes, becomes generally relaxed, falls, breathing just perceptible, sensation

gone; in 8 to 15 minutes the muscles begin to twitch, the hands clinch and feet draw up for five or ten minutes, then a very powerful contraction of the entire body takes place, the face reddens, she holds her breath till relaxation occurs with the expiration, making unearthly noises that can be heard to the street. The contractions are repeated every few minutes. She may stare, or yawn, this stage lasting up to an hour. She is unconscious during the paroxysm. As she comes through there is burning of the stomach and bowels and she calls for water. She is weak for a day or so thereafter. During the attacks her pupils respond to light. She is constipated, has slight albumen in the urine occasionally and is well nourished.

W. A. C., New York.

In a younger woman I would look on this as a case of hysteria, but what can we call this if not epilepsy? Forestall the paroxysms by giving a full dose of hyoscine, gr. 1-100 or more, half an hour before the time for the fit. Clear out the bowels, feed her well, change her to another climate if possible, where there will be nothing to remind her of the malady, and lessen her motor irritability by giving cicutine, gelseminine and macrotin, seven granules each, every day. You might also find it useful to feed her nerve-centers with zinc phosphide, gr. $\frac{1}{6}$, three times a day.—Ed.

Query 760. I write for information concerning the lymph cure conducted by Dr. Hawley in your city. I am asked to investigate and invest. I have seen such remarkable results from thyroid extract that the serum treatment seems plausible to me.

G. A. W., Michigan.

Dr. Hawley has been a man of excellent standing in the profession of Chicago, and of unusual ability as a physician. I scarcely think it possible that he should have gone into this thing without believing in it himself, and yet—is it possible that injecting the serum of goats into the body will roll back the years and make an old man young? If you believe this you had better try it. Most people will simply dismiss it as preposterous, some will try it, and others, like myself, will wait and see what comes of the matter.

How can any man say that anything is impossible now-a-days? Three hundred years ago the man who predicted the telephone, telegraph, vaccination and a few

other such things, would have been burned for a wizard or chucked into an asylum as insane.—Ed.

Query 761. A man, 28, contracted syphilis in '94, was treated at once with mercury and iodides for a year. Two years later he had a stroke of paralysis of motion in the legs, sensation normal, reflexes exaggerated, bowels and bladder not controlled. He was returned to his mercury and iodide with galvanism and strychnine in rising doses. During the last year he can walk without crutches.

J. C. B., Alabama.

The diagnosis is certainly paraplegia, and nothing in the history to indicate the cause except it be syphilis; and yet it seems singular, firstly that it should follow such exceptionally judicious treatment, secondly that it should resist equally good treatment such a long time. For this reason I doubt the specific character of the malady.

In addition to the treatment used I would suggest counter irritation to the spine by the application of silver nitrate. Massage and faradism of the affected limbs would also help to keep the muscles from wasting. Finally I would give Nuclein (Aulde) in full doses, 10 drops a day hypodermically.—Ed.

Query 762. Please give me full directions for the treatment of hernia by hypodermic injections, solutions used, etc. Where can I get Echinacea as described in Ellingwood's *Materia Medica*? If it does all he claims for it, we need scarcely anything else, for any purpose.

V. E. H., Florida.

The matter of which you write us is out of our line altogether. We deal with alkaloidal medication. You had better write to Dr. Walling of Philadelphia or Dr. Dwyer of Valentine, Neb. for directions.

Echinacea is put up by Lloyd of Cincinnati under the name of Echafolta. From him or Scudder you can get a good preparation. I have heard that Battle of St. Louis makes a concentration of it, but it has not come to my personal knowledge. Dr. Ellingwood, however, is good authority and perhaps he can give you more direct information.—Ed.

Query 763. A mother, 42, has had trouble since a confinement fourteen years ago, increasing till the

present. She has *bachache*, low down, pain in the legs, back of head and neck; vertical headache, anorexia, insomnia, is nervous and weak but not thin; menstruation regular, is worse then; leucorrhea, hot flushes for months, easily catches cold and is then worse, stomach and bowels painful, flatulent, constipated, severe pain in right hypochondrium every two to four weeks, only relieved by cups; has prolapsus uteri, retroflexion, endometritis, no enlargement.

C. E. S., Penna.

The symptoms from which your patient suffers spring originally from the uterine disease. Cure the endometritis by injections of euophen-aristol petrolatum, drain the uterus with Abbott's Vaginal Antiseptic Suppositories, restore the organ to its position and retain it with a well-fitting pessary. Keep her bowels regular with Saline Laxative, and restore her nerves to better condition by the use of Nuclein (Aulde) and the tonic arsenates in full doses. For the paroxysms of pain give glonoin and hyoscyamine, a granule of each every ten minutes until the pain is relieved.

If, however, speedy relief does not follow, change to tampons saturated with Boivinine.—Ed.

Query 764. What shall I do for a girl of 16, anemic, dull, amenorrheic, clearly a case of chlorosis? I put her on iron arsenate, nuclein and Saline Laxative.

O. A. H., Ohio.

Your treatment is good and you had better add aloin, which is better for her constipation than Saline Laxative, unless she is also dropsical in which case you had better use both. Give iron arsenate, gr. 1-67, every hour while awake. Hot salt baths are of value also.—Ed.

Query 765. A wife, 31, rheumatic, indigestion since, has attacks of palpitation, tachycardia, with indigestion or fatigue, lasting up to eight hours, leaving the patient exhausted, the heart feeble and slow, breathing shallow, skin pale, nausea, dull cardiac pain, and a systolic murmur over apex. Palpitations occur daily, with short breath. She is anemic, cardiac dullness increased, constipated, has epigastric pain and flatulence.

A girl a year old, has a maculo-papular eruption; mother had macules during pregnancy. The child's eruption came at the age of three weeks, disappeared under ointments and reappeared at two months. No change after six weeks of mercury and iodide. Does psoriasis occur under six months? Would not the normal skin between the macules exclude eczema? What is the best book on skin diseases? Would Glycozone do good?

B. T. H., Penn.

The heart is evidently organically affected by the rheumatism. As to the exact diagnosis of the amount and location of the valvular disease, I could not make that without an examination, nor is it necessary. All that is curable in this case can be cured by dry diet, cactus as a cardiac tonic and rubidium iodide 30 grains a day, continued for several months. For the paroxysms I would suggest glonoin and hyoscyamine or atropine, and I would rely upon cactus rather than digitalin as a steady heart-tonic, holding the latter in reserve for the day when cactus will no longer prove effective. For the constipation I would use the laxative granules, as this combination is especially effective for the accompanying flatulence.

For your second case, regulate the digestion with some such formula as my neutral cordial, apply an ointment of white precipitate to the eruption and internally give also calcium sulphide 7 granules, arsenate sulphide 1 granule a day, continuing until full effect of both is manifested. I do not believe the case is specific. Psoriasis does not occur in children under six months. It is easier to cure the affection than it is to diagnose it, and yet I would classify it as an eczema on account of the itching. Iodides are apt to make it worse. I prefer Shoemaker on skin diseases. Had it been specific your treatment would undoubtedly have shown it. Glycozone is a good remedy but it doesn't seem to me indicated in either case.—Ed.

Query 766. A woman, 71, had sudden vertigo with paresis of right side, followed by vomiting. Three hours later her pulse was strong, temp. 98°, right side cold, tongue stiff, conscious, diplopia; tinnitus, which had preceded attack. I gave aconitine to effect, then trinity, colchicine and saline laxative with hot enemas; ice to head and heat to feet. In six hours the temperature was 100.6°. Gave W-A Intestinal Antiseptics for flatulence, with hydrochloric acid, iodides, followed by colchicine and strychnine arsenate. The diplopia is gone, tinnitus better; but she has vertigo on standing, with sickness, and rise of pulse and fever.

G. W. H., N. C.

I should judge your case to be one of apoplexy. If so, she will not fully recover.

er, but in the course of time will have another stroke and another, and she will finally die. Your treatment is excellent. I would only suggest the addition of iodoform seven granules a day, and to keep her bowels a little loose all the time. Do not let her have hot soup or such food as will fill the veins to a dangerous extent. Do not let her sit up if it makes her dizzy, but let her try it each day until she gets used to that posture. In the course of six weeks you might increase the dose of iodoform to three times the amount stated and increase the strychnine also until you get a full effect. Get her out of bed as soon as she is able, and have the paralyzed limbs rubbed with hot oil every day.—ED.

Query 767. MY MOTHER, has had diarrhea for two years falling from 140 to 110 lbs. She improved in summer but got worse in fall. She can eat but little and has grown anemic and emaciated.

H. F. C., Ky

Your mother's symptoms indicate ulceration in the bowels. Put her upon an exclusive milk diet as described in "The Treatment of the Sick." Give a small teaspoonful of Saline Laxative every morning before breakfast and seven Intestinal Antiseptics a day. Add to this also seven granules of iodoform daily, alternating each week with silver oxide, same dose. If there is pain and distention, give her a warm enema, passed up above the sigmoid flexure, with a dram of sulphocarbolate in a quart of water.

You will probably have to use this treatment for a month to complete a cure. Your mother needs a change evidently, and it would do her heaps of good if she could come to this city for a week.—ED.

Query 768. IN YOUR reply to query 645 you suggest benzoic acid, chloroform and potassium acetate for nephritis. A woman over 40, seven months with first child, has had troublesome hiccup, and yesterday a hard spasm. The urine shows much albumen, sp. gr. 1010. No kidney disease after pregnancy. Will the above prescription apply to this case?

O. B. C., Ohio.

Yes, the prescription is exactly what your case requires. Give it as long as albumen

is present. Be sure and keep her bowels open, preferable by Saline Laxative. Feed her on buttermilk.—ED.

Query 769. A WOMAN, 30, regular every three weeks, for years her digestion has been failing, with loss of flesh, anemic, costive, liver small and sluggish, bile always deficient unless taking cholagogues, sick headaches frequent, relieved by minute doses of calomel, all forms of iron constipate her.

B. M. B., Louisiana.

Keep her bowels regular. First empty them with a good dose of castor oil and then give the Anticonstipation granules as needed. Once a week she should have a little podophyllin or an Eclectic Hepatic tablet. If the headaches continue you will have to add an Intestinal Antiseptic to this as evidently they come from the lack of bile in her bowels. All the remedies you mention are, I think, of value in such a case.

It would be better to give her iron in the form of a water, say a few granules of iron hypophosphite or quinine hydrofer., dissolved in a glass of water at each meal. You will make no impression on the case unless the bowels are regulated according to the directions sent with the Anticonstipation granules.—ED.

Query 770. DOES Dr. Shaller give gr. 1-3 of arsenic every three hours to an adult? C. E. C., La.

The dose as given is according to copy, but I think likely Dr. Shaller didn't intend to give so much. However, Dr. Beates gives quinine arsenate in grain doses, and I have done so myself, without any irritation whatever.—ED.

Query 771. A YEARLING has eczema of the face. Please suggest treatment. S. F. H., Mo.

Give that child calcium sulphide, gr. 1-6 six granules a day until better. Then drop to two or three a day. Meanwhile apply zinc ointment with thirty grains of acid benzoic to the ounce. Apply freely and forbid washing until the child is well.—ED.

Query 772. A MOTHER, 55, has tenderness over the gall-bladder and paroxysms of violent cutting, tearing and deathly pain resisting all treatment for hours. These spells follow excitement, overwork or bowel derangement, they yield finally to narcotics and large doses of valerian. E. E. D., Oklahoma.

Her age, sex, symptoms and the probabilities of the case, all point to gall-stones as the difficulty in this case. Next time, Doctor, drop your narcotics, and give her a granule each of glonoin and hyoscyamine every ten minutes till she is relieved, or feels the full effect of the mydriatic, and you both will have an idea of what this alkalometry means that we have been preaching to you so earnestly.—Ed.

Query 773. Do you know a specific for a very obstinate case of sciatica? W. J. F., S. Dak.

Sciatica is not a specific disease, but one which may consist of any one of several conditions each demanding different treatment. You may find along the sciatic nerve masses of exudation which can only be removed by prolonged massage. The pain is sometimes due to the nerve being pinched as it passes through the sciatic foramen, in which case a blister directly over the spot will give relief.

Further than this I should rely upon a prolonged course of phytolaccin with arsenic iodide, together with counter-irritation or massage, or the use of electricity.

If the case is distinctly of neurotic origin, by all means give zinc phosphide gr. 1-6, strychnine arsenate gr. 1-80 and quinine arsenate gr. 1-6, from three to six times a day for a week, then drop the phosphide and continue this for a month.—Ed.

Query 774. Out of your reservoir of "know and experience", I feel you can do me a great favor. A woman, 45, has goiter of over 12 years' duration, of late growing rapidly. It is now about four inches in diameter, firm, especially in front, hands and eyelids swell, she is constipated. How can I cure her goiter quickly, safely and pleasantly? Every day I am learning to trust the little concentrated potencies, and they are bringing me business.

What is the alkaloidal method of treating the morphine habit? J. M. T., Iowa.

Put the lady on arsenic iodide, three tablets a day, gradually pushing up until you

commence to get signs of iodism or arsenical poisoning. Then lower the dose a little and keep right ahead for a year. Externally use compound iodine ointment. Do not bother with the colorless; it is no good. If the patient were here I would feel like trying some injections of suprarenal extract, but hardly feel like suggesting it for a case so far away.

As to the second case, I send you a copy of Dr. Waugh's little book on the morphine habit, which is the best we can give you at present. The new method we have been using for some time is not yet ready for publication. It is a great advance on anything heretofore used, but we have not used it in sufficient cases to justify us in putting it out.—Ed.

Query 775. MY BROTHER hurt his back lifting, and for a week could scarcely turn in bed without great pain. Years after, heavy work brought back the symptoms, so that for years he has not been able to do anything that required stooping, lifting or putting a strain on his back. Numbness in one leg followed beginning in the foot and ascending, affecting also the left arm and head, occurring paroxysmally, and leaving a dull feeling on passing off, with jerking of the muscles and imperfect control. Exertion, work or worry induced the attacks. Vertigo occurs lately, while lying down. E. R. R., Kan.

Your brother injured his spine as he says. Of what nature the injury was we can only guess without examination. He probably dislocated or broke one or more of the vertebral processes and the hard work has roused the dormant inflammation up. The irritation would be subdued by going over the affected vertebrae with a crayon of silver nitrate, repeating once a week. Possibly relief would be had by covering the back with a broad pitch plaster and over this a broad flannel bandage, reaching from the chest over the hips and held in place by whalebones like a corset. Were he here I would apply a static machine and draw some sparks from the affected part.—Ed.

Query 776. PLEASE give me the best treatment for abdominal dropsy. G. D. S., Ky.

Let the patient take a heaping teaspoonful of Saline Laxative and a granule each of apocynin and strychnine arsenate, every two hours, as long as the dropsy lasts. Put him onto dry diet, giving him as little liquid as you possibly can.—ED.

Query 777. How can I obtain the best private course of instruction in Chicago upon venereal diseases?
A. D. S., Neb.

You can get an excellent course on venereal diseases at either of the Post Graduate schools in this city, or a private course from any one of the specialists, according to what you choose to pay for it. If you want the greatest amount of instruction in the time, go to one of them and pay him \$100 for a month's course as an assistant, and you will get in that time to know it all.—ED.

Query 778. I HAVE lately accepted a patient with cancer. Said cancer having relieved him of his nose. He has tried innumerable cancer doctors with bad results, and now comes to me asking relief from extreme pain he suffers, and a cure if perchance it may be.
R. H., Ind.

I would suspect a diagnosis of cancer in the case, looking on it as more likely to be lupus exedens or syphilis. If lupus I would try several injections of tuberculin, when, if reaction followed showing it to be tuberculous, I would inject nuclein solution around the margin of the growth. Locally, cleanse with chlorinated soda solution and dress with charcoal. If it be syphilis, of course mercury is the remedy.—ED.

Query 779. WOMAN, 50 years old; feeble in every way; weight about 85; says in a whining manner that she don't feel well; stomach hurts her all the time; not so much pain as distress and fullness; appetite poor; constipated; has palpitations and is disposed to cry; pain across loins; no discharge from vagina; cold hands and feet; no cough; wears a worn-out look. I find a type of a large class of women who have reared families under rather hard conditions and with but little self-care, and when worn out with care and trouble they come to the physician for a renewal of vigorous life; and they are generally nervous and unwilling to accept such treatment as is essential to their betterment. Such patients are very annoying in many ways and with one of my years I can't have the sympathy that such cases expect and really require. What would you advise for

such cases? Thanks for "Brief Therapeutics" recently received. It will be a great help. I believe the dosimetric idea is right.
C. M. C., Ill.

Am glad you like my little book. You will find in it the gist of my practical every-day experience and that is what counts. You are right in your conclusion that the alkaloidal granules, given according to the dosimetric method should make the practice of medicine easier and more satisfactory for all concerned, and it does when he goes at it right. My advice always is to begin carefully and go no further or faster than one can see the way clearly, meanwhile seeking faithfully for the light.

Now this woman of whom you speak is overwrought, overworked, debilitated from this, perhaps suffering from the remains of repeated attacks of *la grippe*, constipated and brimful of the ptomaines, of auto-infection. Should she present to me I should give her a vial containing thirty strychnine arsenate and forty Waugh's Laxative granules and an envelope or box containing twelve of the W-A Intestinal Antiseptic tablets. I should also give her a can of the Saline Laxative. The strychnine and Waugh's Laxative would be directed "take three white and three brown more if needed, before meals", explaining that the brown should be increased or decreased according to the effect on the bowels so as to get a good daily stool. I should order three Intestinal Antiseptic tablets at bed-time, followed by at least half a pint of hot water; and it would be better if she would take the same amount of water with the granules fifteen to twenty minutes before meals. Then order one or two heaping teaspoonfuls of the Saline Laxative every morning, the first thing after waking up. The saline will clean out her bowels, stimulate kidney secretions, eliminate the ptomaines that have absorbed and by the aid of the Intestinal Antiseptic stop the formation of more, while the strychnine suggested, combined with that in the Waugh's Laxative will serve as an admirable tonic to the

general muscular and circulatory systems.

The quantities of medicine above suggested would necessitate her returning on the third or fourth day at which time, if the symptoms were not all relieved, I should put her on strychnine ars., two granules, and B. U. T., one every three hours, continuing the Saline Laxative mornings. This will reduce pelvic congestion while at the same time the tonic effect, through the general system, is kept up. Following this and later on, I find the Heart Tonic combination an admirable prescription to leave with such cases to be continued some months, giving two to six three or four times a day before meals.

If the Saline Laxative is not sufficient to keep the bowels open, add to the Heart Tonic sufficient Waugh's Laxative to accomplish the desired result. I trust that this description of the usual treatment of a case typical of a great class of suffering humanity will be helpful to you and through you to the many who present themselves. The probability is that your patient has no actual uterine trouble at all but that the womb and rectum are both seriously congested by the obstruction to the portal circulation due to the causes above outlined.—ED.

Query 780. I RECEIVED a copy of Dr. Waugh's Book some time ago and am very much pleased with it.

What is the best dressing for caries of the shaft of the tibia of three months' standing? Patient, a boy fourteen years old; previous health fairly good; parents, brothers and sisters all healthy. The caries followed an attack of erysipelas. W. B. B., Nev.

We are glad to know that you are well pleased with your copy of the Waugh book. It is going well and all speak of it in the highest praise. We hope that you will take pains to recommend it to your friends.

The best treatment for this case of caries is that which will get the part into and keep it in the condition most conducive to healing. At the same time you should

give thorough general treatment of a reconstructive order. Put the patient on strychnine arsenate and Nuclein (Aulde), one granule of the former and one tablet of the latter every two hours. If, as is probably the case, the patient is anemic, add one granule of iron arsenate, gr. 1-67, and keep this up a long time. If there is much suppuration add to the above one granule of calcium sulphide and continue the latter until a healthy condition of the tissues is established. After the above treatment has been given for a week or two, have the child anesthetized, scrape the dead bone all away, freshen up the tissues and dress with plain gauze spread with Unguentine or some other non-irritating antiseptic ointment. Change this every few hours according to the amount of the discharge, and wash the sores with warm boric acid solution. This will make and keep the sore antiseptic, if you do your part well, and by continuing along this line faithfully, you will ultimately cure this case. The next time when you have a similar case, open down to the bone and let out the exudate before caries is established, and in case of doubt give your patient the benefit of the primary operation any way, for it can do no harm and may do much good. I have repeatedly cured caries by a single injection of Villate's Solution. If you will look in Waugh's book you will find its use described.—ED.

Query 781 I HAVE a patient suffering with wryneck, that has defied treatment. How shall I cure it with alkaloids? Another patient has white patches on the face. E. J. B., Penna.

The diagnosis of wryneck is not sufficient, because it may be due to myalgia, to disease of the spinal vertebrae, inflammation of lymphatic glands underlying, or to other causes. If it be due to myalgia I would advise ammonium muriate, twenty grains every eight hours, with massage of the affected muscle with hot camphor liniment, applying the positive pole of a faradic battery to it with a mild current. If how-

ever, it be due to an inflamed gland under the muscle, you had better apply iodine internally and externally. If it be purely spasmodic, give strychnine arsenate gr. 1-30, hyoscyamine amorphous three granules, every hour until you get the effect of one or both, resuming next day in the same manner. Keep the bowels clear and aseptic.

In regard to the case with white patches I should like to know something more about it. Is there any tenderness or sensation at all in the patches? If not, it is leprosy. If however the brown pigment seems to have been cast out into the surrounding skin, where it is very dense, shading gradually into the surrounding skin, the sensation being normal, it is a case of vitiligo and there is no known treatment. You might try as an experiment the use of zinc phosphide granules, gr. 1-6, four times a day, also injecting a few drops of Nuclein (Aulde) solution into the center of each patch.—ED.

Query 782. A MAN, 35, ailing 17 years, first with cardiac pains, then with palpitation, then griping between navel and left kidney, extending through the stomach, bowels or heart, and left shoulder blade. If the bowels move it may afford relief. The paroxysm may be over in ten minutes or last some days. The pain is greatly increased if he attempts to walk, or to lift the left foot. A movable tumor may be felt in the abdomen at times, as large as the fist; size varies, seems adherent to the back behind the navel. He is always constipated. There seems to be a closure below the pain. The diet must be light and small in quantity. Purgatives increase the pain. He has lost 30 lbs. Has been diagnosed dyspepsia, aneurism of the aorta and of other arteries, ulcer of the colon, floating spleen, and floating kidney. There is a large tumor in the rectum in reach of the finger, varying in consistence, slightly tender. Pain is most apt to occur just after meals, though often before breakfast, and almost sure to follow the use of tobacco. The bowels discharge muco-pus, sometimes casts.

M. F. S., Oregon.

The duration of the malady shuts out malignant diseases, and the degree of debility is less than we would expect from most other affections of the abdomen. I must confess my inability to make out just what is the matter with this man, from the description. Perhaps some of our readers will suggest the diagnosis, and the whole thing will be so clear that we will wonder

how we missed seeing it at the first glance. Empty his bowels completely and keep them free.—ED.

Query 783. Infant, 5½ months old, healthy at birth. When five weeks old mother lost her milk; when two months old an attack of diarrhea and vomiting set in; bowels became easily regulated, vomiting also would leave off, but set in again from time to time, always appearing after having taken some nourishment. He was taken every day to a healthy farmer's wife, who nursed him once or three times a day. Vomiting ceased almost from the time he tasted human milk again, but emaciation continued, notwithstanding the improved condition of bowels and stomach, and is more marked at present than ever before, his weight now being less than twelve pounds. When two months old it was thirteen pounds, at birth ten pounds. His length is equal to other children of his age. His tongue is clean, his bowels act once or twice a day, the stools show digestion. He is fed four or five times in 24 hours, and receives when not nursed Nestle's Milk Food. Any other baby food, cow's milk included, will disarrange digestion. Pulse 110, temp. 98°.

In driving out to his nurse one day he took a cold and has had a cough ever since; Examination reveals nothing abnormal on superficial respiration but on deeper respirations a mucous rale can be heard over any part of the lungs, of a low pitch and apparently far away, located probably in the larger bronchial tubes.

Is a tubercular infection possible in face of a sub-normal temperature?

Cod-liver Oil has been tried in emulsion but disagrees with the stomach. Sodium sulphocarbolate and bismuth are often given to keep bowels in healthy condition; a cough mixture of sanguinaria, lobelia, squill and senega in suitable doses allays bronchial irritation. Brucine has been tried as a general tonic, and atropine at times when the extremities seemed cool and head and face perspiring.

H. R. G., S. Dak.

I do not believe the child is tuberculous. The marasmus is due to indigestion, and as a result of this the cold contracted does not evolve. The child's vitality is not sufficient to enable it to throw off the disease.

I would aid its digestion by giving Pepsin at each feeding, keeping the bowels in good order by the use of calcium sulphocarbolate and bismuth subnitrate, ½ grain each, as often as may be required. Then give the child a hot salt bath every day, followed by rubbing from head to foot with cod-liver oil. If your object is hygienic and not esthetic, get the worst smelling oil you can find. Keep this up right along and inside of a few weeks you will find improvement begin. If so, keep it up for a year.—ED.



Concentrated—Prompt—Powerful

Frelich's Tonic.

It furnishes a most powerful evidence of the vastly increased power of medicament by combination and judicious pharmaceutical preparation.
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JAMES HALL, M. D.

It never varies. It is the remedy "without a peer, without a rival." In all cases it has proved a noble and true ally.
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I believe it to be the most complete combination of drugs for strengthening the nervous system I have ever met with.
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I have used Frelich's Tonic for years. None better.
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Frelich's Rheumatic Remedy.

From *personal* experience I am able to appreciate its value.
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GEO. W. MORRIS, M. D.

All you claim for it and more. Have used it with such success as to place it on my list of reliables.
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I recommend it to the profession as a valuable medicine.
Washington, D. C.
W. J. MADDOX, M. D.

I can recommend it in gouty rheumatism.
Boston, Mass.
CHAS. V. PETTEYS, M. D.

In diseases of the uric acid diathesis it is almost if not quite a specific. I have great faith in anything marked Frelich.
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A. A. THOMAS, M. D.

Its value cannot be overestimated. In the most obstinate cases I have had remarkable success.
H. S. CLEMENS, M. D.

Frelich's Liver Medicine.

The Liver Medicine beats everything I ever used. The little dose tickles the old liver chronics when they see how it acts.
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J. H. POWELL, M. D.

I have been trying your Liver Medicine, and am much pleased, especially with the absence of all cathartic effects.
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J. S. BRUNNER, M. D.

I am well pleased with the Liver Medicine you sent.
Tallahassee, Ala.
A. G. CAMPBELL, M. D.

I consider it a most excellent preparation, and shall recommend it generally.
San Francisco, Cal.
LIONEL BROOKS, M. D.

I am particularly pleased with the Liver Medicine, it being particularly useful in my practice.
Wappingers Falls, N. Y.
THOS. K. CRUSE, M. D.

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Two strengths—"Mild" and "Strong" are on the market.

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The purest quality of wool-fat. Considered by many practitioners as the ideal ointment base.

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Cotarnine Hydrochlorate. Hemostatic and uterine sedative. Employed with excellent results in uterine hemorrhage, dysmenorrhea, fibroids, subinvolution, and climacteric disorders.

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AN INNOVATION IN HEPATIC STIMULATION.

Acting purely as an hepatic stimulant without producing severe catharsis, its physiological action is gradual but certain. It stimulates portal circulation, and strengthens the lymphatics. This makes it a valuable addition in the general treatment of all diseases in which the liver has become sluggish. As a clinical test for the above facts, administer Chionia in connection with your tonic treatment, and note the largely increased action of the tonic.

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CACTINA PILLETS

SAFE AND RELIABLE IN ALL

HEART TROUBLES.

DOSE: One pillet every hour, or less frequent, as may be necessary.

SAMPLE MAILED FREE TO PHYSICIANS.

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DIGESTIVE SECERNENT

Increases the amount and quality of the
digestive fluids, thus improving

DIGESTION.

DOSE: A teaspoonful before meals. The dose before
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NUCLEIN

Against Tuberculosis.✱
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Against Diphtheria.✱✱✱
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Against Typhoid Fever

NUCLEIN

In Wasting Disease—Our Greatest Builder

Chemically, NUCLEIN is a phosphorized proteid, the chief of the "defensive proteids" of the animal organism; it is also found in plant cells, and upon its presence or absence depends the vitality and growth of both plant and animal life. Nuclein of vegetable origin, however, is not suitable for use as a therapeutic agent. The therapeutic virtues of Nuclein are due to its influence upon Leucocytosis—that is, Nuclein increases the number of leucocytes in the blood-stream, at the same time augmenting their functional activity, thus stimulating cellular action to resist the morbid changes produced by bacteria and their products. The great value of this product has been repeatedly demonstrated in a long list of formidable diseases, not alone as a curative agent, but as a preventive as well. It is invaluable after surgical operations or loss of blood from any cause.

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NUCLEIN, AULDE, is permanent, non-toxic, non-irritant, thoroughly aseptic, and is not affected by climatic changes. It may be USED EITHER BY THE MOUTH OR HYPODERMICALLY, and is the only Nuclein that can be used hypodermically without local irritation, induration or abscess.

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Welch's Grape Juice is especially recommended in the treatment of constipation, fevers and pneumonia. It hastens recovery in convalescence, giving the patient an appetite. Best taken at mealtime.

Our booklet, "Nature's Finest Food and Drink", sent for the asking. A sample 3-oz. bottle by mail for 6 cents in stamps. A pint bottle free to any Physician who will pay express charges.

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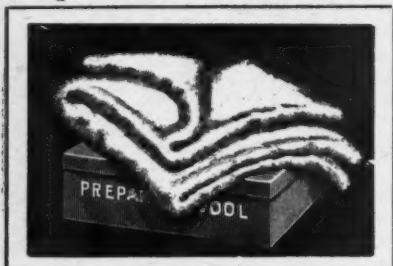
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Good supply, warranted, in box, like cut, sent *postpaid* for 50 cents.

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Are superior to tampons of absorbent cotton, or to pessaries. Elastic; will not mat down or become displaced. Conveniently supplied, like rope which will readily unwind to any length.

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Usually signifies some uncertainty. In this case it stands for **Buckley's Uterine Tonic**—a preparation always certain and uniform in results and that can be relied upon as a vallant "comforter" in all pathological conditions of the pelvic viscera. For the doctor's convenience in dispensing, B. U. T. is sold in unlabeled bottles, containing 25 granules. One box of 12 bottles sent *postpaid* for 85 cents. Sample and literature on request.

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A positive and harmless antiseptic and germicide for internal and external use.

Highly recommended in the treatment of diphtheria, scarlet fever and other contagious diseases.

As a prophylactic in preventive medicine it is without a peer, and may be used lavishly or sparingly according to indications without a suspicion of harm resulting from its use in any application.

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Sample free on receipt of 15 cents to prepay express charges. Monograph, containing full instructions for use, on application.



Formalin Lamp

Schering's Formalin Disinfectant and Deodorizing Lamp.

A most energetic disinfectant and destroyer of foul and decomposing odors. An absolutely reliable agent for air purification and sterilization. Far more efficacious and pleasant than sulphur, carbolic acid, etc., etc. The most efficient destroyer of the disease-producing micro-organisms. Invaluable in the treatment and prevention of tuberculosis, diphtheria, scarlet fever, measles, whooping-cough, catarrh, influenza, etc. Does not injure furniture, fabrics, or material of any kind.

Beta-Eucain (Eucain Hydrochlorate "B")

Eucain "B" has been extensively used in all branches of surgery, dentistry, ophthalmology, etc. Favorable reports concerning it have come from a host of practitioners on both sides of the Atlantic.

In a report made at the Academy of Medicine, Paris, March 29, 1898, published in *The Bulletin Medical* of March 30, 1898, Prof. Reclus stated: "Eucain 'B' possesses a number of undubitable advantages. In the first place, its solution can be boiled without undergoing decomposition, thus permitting it to be sterilized by heat. This cannot be done with cocaine. In the second place solutions of Eucain 'B' are staple and this is the case, to such an extent, that he has been able, in conjunction with Dr. Legrand, to perform a number of long and delicate operations with solutions that were more than four months old. This is far from being possible with cocaine solutions, as they change at the end of four or five days. Finally, and this is really the most important point, Eucain 'B' is $3\frac{1}{4}$ times less toxic than cocaine."

Urotropin.

A most efficient diuretic, urinary antiseptic, uric acid solvent, and remedy for calculus disease. Rapidly renders alkaline and putrid urine containing mucous, pus, uric acid, and amorphous urates normal in appearance and reaction. It sterilizes the urine, increases its quantity, and dissolves calculi and deposits. Very valuable in all suppurative diseases of the genito-urinary tract, pyelitis, cystitis with ammoniacal decomposition of the urine, phosphaturia, and also in gouty and rheumatic affections where active elimination of uric acid and the urates is required. Dose, 3 to $7\frac{1}{2}$ grains two to three times a day, best administered in half a pint of simple or carbonated water.

Literature furnished on application.

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CLINICAL NOTES.

FEVER AND ITS TREATMENT.

It is interesting to note that all the glands in the body which recent investigation has seemed to prove to have the function of destroying toxins by developing leucocytes, or destroying germs, have their activities materially increased by moderate rises in bodily heat, and that fever in some instances, at least, is distinctly unfavorable to the growth of germs or the manufacture of toxic materials by them. Having mentioned the fact that, in my belief, fever is in a certain number of cases useful, and that where it ought to be reduced the application of cold is our best method for so doing, I now wish to pass on to a brief consideration of the reasons why we should not employ antipyretic drugs to combat febrile movement.

First, let me point out to you that nature has four methods for the protection of the body in disease: First, the elimination of poison by the emunctories; second, the development of antitoxic material by glands and other tissues; third, the production of fever to stimulate and support the system; fourth, the result of increased glandular activity by means of which a large number of leucocytes are set free which speedily attack and destroy the infecting micro-organisms of disease. Antipyretic drugs not only remove the fever and in some instances thereby remove a protective process, but at the same time they depress the nervous centers governing heat process, increase the work of the emunctories, already loaded down in the efforts to eliminate heat from the body, and also prevent the development of leucocytes, as a result of which the germs are destroyed in the body and perhaps the antitoxins are formed.

It is evident, therefore, that antipyretic drugs, as a rule, combat most, if not all, of the protective measures designed by nature in the presence of the infectious diseases; whereas, on the other hand, the cold bath, while relieving the fever if it is excessive, in no way modifies any of these protective efforts, but, on the other hand, actually increases their activity, for it increases oxidation, and by this means probably aids in the combustion or oxidation of a certain amount of toxic material. It

stimulates the glandular system, greatly increasing the quantity of hemoglobin and the red and white cells. The cold bath, therefore, has a physiological action far greater than withdrawal of heat, which is a minor and side issue.—HARE, *Int. Med. Mag.*

BERBERINE.

Berberine is an alkaloid, which has a field of usefulness not yet thoroughly understood. An interesting article in a foreign journal has been quoted from by several American journals and is of especial value to physicians interested in dosimetry. The writer Typaldo Lascarato, says that berberine, in addition to its bitter tonic action, has the faculty of causing the elastic fibers of the spleen to contract, especially when that organ is enlarged, in a manner similar to that of ergotin on the muscular fibers of the uterus. This is not entirely free from danger, as, if it is not administered with caution, its action may be so severe as to rupture the swollen spleen and cause fatal hemorrhage. But berberine, by rapidly and abruptly contracting the parenchyma of the spleen, drives from it *en masse* the paludal parasites which swarm in it toward the general circulation, from which arises a fresh access of pyrexia. The administration of berberine has often been known to be followed by a brusque elevation of temperature. Many physicians have on this account considered berberine more harmful than useful. However, the author points out, this action of berberine in driving the parasites from the spleen, which is their place of election, into the general circulation is very favorable to the complete destruction and disappearance of the paludal miasm from the entire organism. The parasites expelled from the parenchyma of the spleen are spread through the general circulation at a very inopportune period of their evolution, when they engage in a deadly struggle with the phagocytes of the blood to which they easily succumb. To aid this result, the Italian physicians, who have had considerable experience with this remedy, advise its use always simultaneously with quinine, which attacks them more readily in the blood when driven out by the berberine from the spleen. In all cases of swollen spleen, therefore, save

(CONTINUED ON NEXT PAGE)

A CENTENARIAN.

An English Physician thinks Everyone Should Live 110 Years.

Sir Benjamin Richardson, the distinguished English physician and writer, says that seven out of every ten sound and reasonable people ought to live to be 110 years old and would do so if they "took care of themselves."

The fact that there have been centenarians and that some are still living in every country of civilization, is proof that the human machine is capable of lasting as long as Sir Benjamin says it ought to last.

A scientist who has studied the question of longevity for years discovered that coffee drinkers as a rule broke down early in life and seldom if ever reached the 100 mark. He attributed this to the poisonous alkaloids in the berry and at once turned his attention to the discovery of a beverage that would taste the same as the coffee, but be a food instead of a stimulant. He was successful in preparing a beverage that has the rich deep seal brown color of Mocha, and the taste of Java Coffee. This new drink has all of the food properties of the grains and rebuilds the lost gray matter in the nerve centres preventing Paresis and nervous prostration.

A number of the best physicians in the country have made experiments with Postum Cereal Food Coffee, and are now not only using it in their own families but in the cure of patients.

Postum must be properly made in order to obtain the flavor and food value. Use two heaping teaspoons to the pint of water and after actual boiling has begun, take account of the time and allow fifteen minutes boiling thereafter.

A MAN SAID.

"I don't believe you can arrange food so that it will go to rebuild and nourish the brain. Grape-Nuts is a most delightful tasting food, but I can't understand how you expect any certain food to be appropriated by any certain part of the body."

A good honest skeptic and well worth attention:

Actual results are better than any theory pro or con. Grape-Nuts are being eaten by millions of Americans and any interested person in any city of America can satisfy himself by questioning his neighbor as to the result of the use of Grape-Nuts. The testimony is given over and over that after ten days use there comes a feeling of strength, sturdiness, clearness of intellect and power of the mind that is unmistakable.

There is a reason.

Thinking uses up each day parts of the filling of the cells in brain and Nature demands albumen and natural phosphate of potash (not from the drug store) to make new the soft jelly-like substance which is used as the filling of these brain cells.

Grape-Nuts contain these elements direct from Mother Nature and prepared in the form of a most delicious and dainty food, practically pre-digested and quickly absorbed into the system.

The hard stubborn facts are that Grape-Nuts do build brains.

SKILLFUL COOKS' DUTY.

Should Make Food Taste and Look Well.

The true science of cookery is to select proper and nourishing ingredients and then prepare them in such a manner as will please the taste, and incidently the eye.

The most valuable food will not long agree with a person if it's taste is disagreeable. This does not argue that all nice tasting articles are nutritious and nourishing. However, it is the duty of all food experts to produce delicious food and from the best possible ingredients, and to have a comprehensive knowledge of the laws of digestion and assimilation.

Grape-Nuts, the new food, made by Postum Cereal Co., Lim., Battle Creek, and now on sale at grocers, is thought to be the highest type of scientifically made food thus far produced.

It possesses the delicate sweet of grape-sugar, with a new and peculiar flavor of a most winning character, while the processes of manufacture have brought the food to such a condition that it is absorbed by the system in a most natural and healthful manner.

those of too old standing or the ultimate result of advanced hypertrophy or degeneration of the organ, berberine is highly commended by the author. It is given in a daily quantity of from a grain and a half to fifteen grains, according to the age of the patient, and always in combination with quinine. A favorite Italian prescription is as follows:

R. Berberine Hydrochloride gr. xv.
Quinine Bisulphate gr. viiss.
M.

To be divided into four powders and one taken every half hour, for an adult.—
Wisconsin Med. Recorder.

AUTO-SUGGESTION.

An auto-suggestion (self-suggestion) is that which arises within one's own mind from some thought or bodily sensation, either real or imaginary. One's whole education is a great aggregation of auto-suggestions, and since we act only in accordance with what is in our minds, it behooves us to see that our auto-suggestions are of the right nature.

When treating by suggestion it is important that the patient's auto-suggestions do not conflict with the suggestions given. In nearly every instance this may be avoided by a little tact or logic, and the control of the auto-suggestion may be secured by the physician to aid him in his work.

The auto-suggestions of the insane may be overcome by repeated suggestion. After continued treatment they begin to make the suggestions given their auto-suggestions. In some people an auto-suggestion may be overcome by the repeated suggestion of an operator, especially if the auto-suggestion is not deeply rooted. When the intelligent co-operation of a patient is secured it is possible to overcome any adverse auto-suggestion he may have in his mind. Outside of the insane and extremely ignorant, it is possible to obtain the voluntary assistance of a patient's auto-suggestion.

For therapeutic purposes we employ either voluntary or involuntary auto-suggestion—sometimes both, depending entirely upon the individuality of the patient.—*Parkyn, in Suggestions.*

DYSMENORRHEA.

Physiologically atropine acts by first stimulating the vasomotors, but afterwards paralyzes them by over-stimulation, thus producing relaxation of the muscular coats of the arteries which they control. Glonoin does primarily and directly what atropine does secondarily and indirectly; that is, it acts upon the vasomotors and relaxes the arterioles, thus relieving blood pressure and its consequent pain in this trouble. Aconitine has much the same effect. Gelsemium and conium have a fine effect in these cases. The atropine must be given in positive doses. We have employed it in doses of 1-60 grain hypodermically. Glonoin may be used in 1-250 grain doses every ten or fifteen minutes until flushing of the face or fullness of the head. This remedy is a mighty force in this trouble. When given alone I have known two granules each 1-250 grain to bring on flushing of the face and relief in a very painful case inside of twenty minutes.

Yet, after all, dysmenorrhea is not a disease but a symptom, and to cure it we must seek the underlying cause or fail to give permanent relief—M. G. Price, in *Med. Summary*.

VANADIUM.

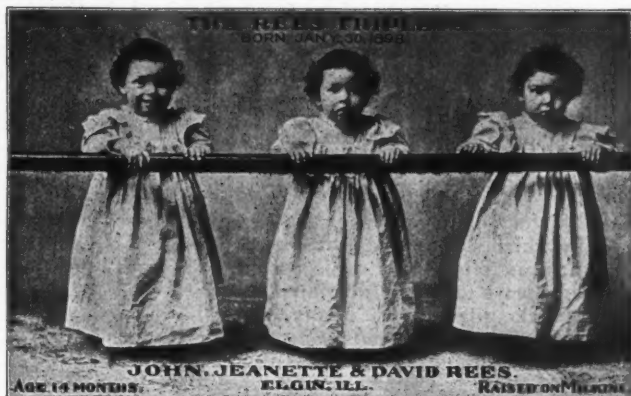
Sodium vanadate is recommended as a tonic in cachectic conditions by Berthail. In spite of its toxicity it can be given in doses of five milligrams *per diem*, before meals. It is best to give it for three or four days, out of each week. Its administration is nearly always followed by a rapid increase in the appetite, the strength and the weight. Combustion is active, as is shown by the increase of urea and of the coefficient of azotic oxidation.—*Le Mois Medico-Chirurgical*.

CHOREA.

Six to ten grains of the oil of gaultheria, either pure or mixed with vaseline, used externally as a dressing for the upper and lower extremities, alternately, evaporation being prevented by the use of oiled silk, is followed by success in many cases. The good effects are not confined to cases with distinctly marked rheumatic symptoms.—
Luigi

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AMONG THE BOOKS

ARE WE IN DANGER FROM THE PLAGUE? is the title of an important article by Dr. Victor C. Vaughan, which appeared in Appleton's Popular Science Monthly for September. An account of the probable origin and history of the disease, and the channels by which it is spread from country to country, is followed by a discussion of the various ways in which individual infection may take place, and, finally, the means which will prove the most effective in preventing its gaining a foothold in this country.

LA DOSIMETRIE AU CANADA, is a French monthly published in Montreal, No. 1886 St. Catherine street, by Dr. J. L. Lemieux, at \$1.00 per annum. The first number of sixteen pages appeared in July. It is in every way creditable, and we hail it as a welcome and efficient colaborer in disseminating the beneficent truths of Alkalometry. The printing and paper are creditable and convenient. We discovered only one misleading misprint, to wit: "cystiques" for "cycliques" on page 2. The articles are of a happy mean between the strictly scientific and practical. We might take exception to the statement that "among the alkaloids strychnine, aconitine and digitalin are those whose action is most certain. This is rather *de trop*. We have other alkaloid and mineral dosimetric granules which in their places are as certain in their action as those three mentioned, *e. g.*, apocynin, atropine, cactin, papayotin, calcium sulphide, glonoin and others. In emphasizing these three at the expense of all the rest we expose ourselves to the unjust criticism of our galenic opponents, that we are prescribers of principally three remedies. The same objection lies against the Dosimetric Medical Review's article, page 191, Aug. '99 number. The Review, however, is more explicit in saying that these statements date from 1894. Well, the world now makes considerable progress

during five years. There are some very fine articles in this number which we may take the liberty of translating and placing before our readers sometime. We are specially pleased with the editor's article "Concerning Quassin in Atony of the digestive canal"; and "Dosimetrie in Diseases of old age; Affections of the Urinary Passages", by Dr. Ferran.

KING'S AMERICAN DISPENSATORY, new edition, entirely rewritten and enlarged by Prof. John Uri Lloyd and Dr. Harvey W. Felter. Two volume edition, over 950 pages, index. Cloth, \$4.50; Sheep, \$5.00. Vol. 1 just ready. The Ohio Valley Company, Cincinnati, Ohio. The contents are valuable, all the topics up to date and treated with a thoroughness of detail leaving nothing to be desired.

PHARMACOLOGY AND THERAPEUTICS; OR THE ACTION OF DRUGS IN HEALTH AND DISEASE by Prof. Arthur R. Cushwy, University of Michigan. Ample illustrated, 675 pages. Cloth, \$3.75. Lea Brothers & Co., Philadelphia, Pa. This edition is welcome, as bringing down to date a subject well presented and a book to be the standard. An admirable digest of our present knowledge by an author so well known that description seems hardly necessary.

If Dr. Leister keeps on his present course with the SOUTHWESTERN MEDICAL JOURNAL he will get himself disliked. First, by the doctors of the Southwest, because they will have to produce an annual dollar to pay for the JOURNAL; secondly, by the other journals, which will have to brighten up or get left; third, by the business interests of Rogers, Ark., which will wake up and find itself a coming medical center; and finally, by the advertisers, who will have to add the SOUTHWESTERN to their lists.

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FROM CURRENT LITERATURE

GATHERED IN.

"Trambin's Embalming Fluid."—Arsenious acid, 80 c. grm; cinnabar, 1 grm.; alcohol, 9 kilog. Inject the circulating system under usual precautions. It is said that this liquid keeps the body fresh and flexible for more than two months. It then begins to dry and indurate, so that it will preserve indefinitely.

Gelototherapeutists is the name given to physicians who treat patients suffering from various diseases, ranging from bronchitis to anemia, by prescribing hearty laughter. A contemporary suggest that there is a great opening for physicians in studying various ways of exciting laughter, such as tickling, farcical comedies, puns, etc.

Arnstein has employed apomorphine when, after injection of antitoxin for laryngeal diphtheria, the swelling and softening of the false membrane cause signs of suffocation. A hypodermic dose of 1-12 of a grain induces vomiting and clears the larynx.

In a recent address Dr. Nicholas Senn asserts that an army surgeon requires more courage in a fever camp than on the battle field. The *Lancet* agrees with this, and adds that to the eye of scientific faith the microbes are not less real than the Maxims, and they are certainly not less deadly: moreover, they have to be faced day and night, for weeks and months, instead of for a few breathless minutes. "Decidedly the 'non-combatant' is the greatest hero."

Private H. E. Redwood, who is now serving in the Philippines, was, when he enlisted, so badly affected with stuttering that the recruiting officer was tempted to leave him off the rolls. At the battle of Mariquina he was shot in the face, the bullet passing through his mouth and making its exit near the back of his neck. He recovered from the wound and it is stated that he now stutters no more, and that he is busy completing the telling of stories which he has never been able to finish on account of his halting speech.

The editor of *Medicine*, discussing the proper mode of executing criminals, suggests, as an obvious and simple solution of the whole matter—now that a broader humanity has done away with unseemly haste in the infliction of the death penalty—that we should choose "the somewhat slow but perfectly effectual method of natural decay of the body which comes of advancing years." It is, he feels sure, "the only solution that will give perfect satisfaction to the condemned, conserve the feelings of relatives, and keep intact the esthetic sense of an advanced and advancing civilization."

GASTRALGIA.

R Codeinæ phosphatis.....gr. $\frac{1}{4}$.
Bismuthi subnitrat.gr. v.
Sacchari lactis.....gr. iij.
M. S. One dose. To be taken every two hours. —EWALD.

ATROPINE IN SEROUS DIARRHEA OF NURSINGS.

R Sulphate of atropine. 1-10 of a grain;
Distilled water.....450 grains.

M.

From one to three drops may be given, but the general condition must be closely watched, and three drops must not be exceeded.

—*Riforma Medica*.

"THE REGULAR DOSE."

Should the doctor receive the blame when he gives the usual dose of a drug sincerely and honestly with the best of intentions and in entire ignorance of the patient's idiosyncrasy until it really reveals itself by the untoward symptoms produced? Of course the public censure the doctor, who meant no harm and tried to do his duty. Such incidents make any honest doctor feel bad enough when death results without the public picking him to pieces.—Sour, *Med. Summary*.

(CONTINUED ON NEXT PAGE)

